DOCUMENT RESUME

ED 273 058 EC 190 253

AUTHOR Sachs, Frances Greenberg
TITLE Development and Implementation of a Three Party Communication Network for Parents, Teachers, and Staff at a Learning Disabilities Center.
PUB DATE 85
NOTE 189p.; Ed.D. Practicum Report, Nova University. Charts contain small or broken type.
PUB TYPE Dissertations/Theses - Practicum Papers (043) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC08 Plus Postage.
DESCRIPTORS Communication Skills; Elementary Secondary Education; *Learning Disabilities; Networks; Parent School Relationship; *Parent Teacher Cooperation; *Program Development

ABSTRACT

The practicum report describes the development of a communication network designed to enhance cooperation among parents and staff of a private learning disabilities clinic in Miami, Florida. The program featured a variety of contact follow-up forms, a series of workshops, and periodic student progress reports and follow-up conferences with both parents and teachers. Parent and teacher assessment forms were completed by 12 parents and 10 teachers. Analysis revealed that all parties supported and found useful the communication network techniques. In 10 instances, actual results exceeded anticipated outcomes, specifically in the areas of understanding of forms and procedures and agreement to cooperate and support the learning disabilities program. The clinic management determined that the program was a success based on program assessments. Appendices include: A four-page list of references; parent/teacher workshop assessment forms; communication system monitoring and reporting forms, and samples of remedial log sheets. (CL)

**********
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
**********

ED273058

# PRACTICUM REPORT

6776

Center for the
Advancement of Education
**Ed.D. Program**

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

- [x] This document has been reproduced as received from the person or organization originating it.
- [ ] Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

## DEVELOPMENT AND IMPLEMENTATION OF A THREE PARTY COMMUNICATION NETWORK FOR PARENTS, TEACHERS, AND STAFF AT A LEARNING DISABILITIES CENTER

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Frances Greenberg Sachs

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

3301 College Avenue
Fort Lauderdale, Florida 33314
305/475-7300

ED 193353

NOVA UNIVERSITY

# DEVELOPMENT AND IMPLEMENTATION OF A THREE PARTY COMMUNICATION NETWORK FOR PARENTS, TEACHERS, AND STAFF AT A LEARNING DISABILITIES CENTER

by

Frances Greenberg Sachs

Cluster XIII

A Practicum Report Presented to the Ed.D. Program
in Early Childhood
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Education

Nova University

1985

EC190353

PRACTICUM APPROVAL SHEET

This practicum took place as described.

Verifier: Norma Barnes

7200 S.W. 39 Terrace

Miami, Florida 33155

May 22, 1985

This practicum report was submitted by Frances Greenberg Sachs under the direction of the reviewer listed below. It was submitted to the Ed. D. Program in Early Childhood and approved in partial fulfillment of the requirements for the degree of Doctor of Education in Early Childhood at Nova University.

Approved:

May 1, 1985
Date of Final Approval of Report

Jo Ellen Salce mm
JoEllen Salce, Ph.D., Reviewer

ABSTRACT

Development and Implementation of a Three Party Communication Network for Parents, Teachers, and Staff at a Learning Disabilities Center
Sachs, Frances Greenberg, 1985: Practicum Report, Nova University Ed.D. Program in Early Childhood
Descriptors: Communication Network Process and Forms/Parent Involvement/Teacher Involvement/Parent/Teacher Conferences/ System Assessment Instruments/

A three-party communication network program was established under the auspices of a private learning disabilities clinic in Miami, Florida. Its goal was to enhance cooperation among the parents, teachers and Clinic staff, a team approach to LD components: 1) a variety of contact follow-up forms: 2) a series of orientation/ workshops and 3) periodic student progress reports and follow-up conferences with both parents and teachers.

Results of this program indicated that all parties supported and found useful the communication network techniques. Through active participation, parents and teachers experienced greater rapport, openness and willingness to accept the expert role of the LD specialist. The Clinic management determined that the program was a success based on program assessments and has institutionalized the communication network.

TABLE OF CONTENTS

Page

ACKNOWLEDGEMENTS.....iii

TABLE OF CONTENTS..... iv

LIST OF TABLES.....vii

ABSTRACT.....viii

Chapter

I INTRODUCTION.....

Description of Community..... 1
Author's Work Setting,
Role and Responsibilities..... 3

II STUDY OF THE PROBLEM.....

Statement of the Problem..... 8
Documentation of the Problem..... 14
Analysis of the Problem..... 17
The Related Literature..... 19

III ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS..

Statement of Goals..... 41
Specific Statements..... 41
Detailed Information About
Evaluation Instruments..... 51
Analysis Methodology..... 56

IV SOLUTION STRATEGY.....

Alternative Solution Generation
and Analysis..... 58
Designated Solutions..... 60
Implementation of Solution Strategies..... 63
Various Forms and Recording Devices..... 68
Course of Action..... 78
Deviation from Original Plan of Action..... 85

V RESULTS, CONCLUSIONS AND RECOMMENDATIONS.....

Results..... 94
Conclusions.....106
Institutionalization of the Practicum.....107
Unintended Consequences.....107
Recommendations.....108
Dissemination of the Project.....109
Summary.....109

REFERENCES.....110

APPENDICES.....

A EGS Parent/Teacher Workshop Assessment Form.114

B EGS Parent/Teacher Workshop Composite Assessment Form.....115

C EGS Communication System Monitoring and Reporting Form.....116

D EGS Communication System Monitoring and Reporting Composite Form.....117

E EGS Communication System Parent Assessment Form.....118

F EGS Communication System Teacher Assessment Form.....119

G Cover Letter for Parent Assessment Form.....120

H Cover Letter for Teacher Assessment Form....121

I EGS Composite Parent Assessment Form.....122

J EGS Composite Teacher Assessment Form.....123

K EGS Remedial Log Sheet.....124

L EGS Conference Log Sheet: Academic Performance.....125

M EGS Conference Log Sheet:

Social Behavior.....126

N Director's Letter to Practicum Reviewer....127

O EGS Student Assessment and Work Plan Form.....128

P EGS Bimonthly Progress Report.....129

Q Progress Report Parent Cover Letter.....130

R Progress Report Teacher Cover Letter.....131

S EGS Student Progress Parent Conference Form.....132

T EGS Teacher Phone Interview Form.....133

U EGS Semi-Annual/Annual Progress Report Form.....134

V Notice of Parent Orientation.....135

W Parent Orientation Agenda.....136

X Brandeis Academy Workshop Agenda.....137

Y Gateway Baptist Elementary School First Workshop Agenda.....138

Z Gateway Baptist Elementary School Second Workshop Agenda.....139

AA Notice of EGS Parent Workshop.....140

BB EGS Parent Workshop Agenda.....141

CC Notice of "Friday Clinics".....142

DD EGS Parent/Teacher Workshop Agenda.....143

EE Notice of EGS May Parent Workshop.....144

LIST OF TABLES


| Table | | Page |
|---|---|---|
| 1 | Problems, Procedures and Results..... | 42 |
| 2 | Alternative Analysis Matrix..... | 62 |
| 3 | Format and Content of Forms..... | 86 |
| 4 | Orientation/Workshop Schedule..... | 92 |
| 5 | EGS Communication System Composite Monitoring and Reporting Form..... | 96 |
| 6 | EGS Parent/Teacher Workshop Composite Assessment Form..... | 100 |
| 7 | EGS Parent Assessment Composite Form..... | 103 |
| 8 | EGS Teacher Assessement Composite Form..... | 104 |

Chapter 1

A. Description of Dade County

Greater Miami, Dade County, Florida, is the southernmost metropolitan area in the continental United States with an estimated population of 1,739,000 in 1982, according to the United States Bureau of the Census (Dade County Planning Department Report, 1983). It encompasses a land area of 2,052 square miles and contains twenty-seven separate incorporated areas, including the cities of Miami, Hialeah, and Miami Beach. Dade County has a unique metropolitan form of government which has area-wide or 'metropolitan' responsibilities under a Council-Manager form of government. The County's ethnic and racial distribution in 1982 was 47 percent non-Latin whites, 36 percent Latins and 17 percent blacks. The County supported 648,700 households in 1982 (Sales and Market Management, 1984). It is a community in a state of flux, beset by problems of great magnitude: high unemployment; competing multiple ethnic groups; a large migration of foreigners and a resultant increase in crime. Yet these problems are being dealt with by individuals, the private sector and government as Miami moves forward to meet the future (Dade County Industrial Development Authority, 1984).

moves forward to meet the future (Dade County Industrial Development Authority,1984).

Miami-Dade County's economy reflects its climatic conditions and its geographic location. It is blessed with a subtropical marine climate which serves as a magnet to population growth. Its economic condition is closely linked to Latin America and the Caribbean Basin, with 30 percent of the labor force projected to be directly related to international trade by 1985. The County's diverse economy promotes manufacturing, wholesale and retail trade and services. The County ranks first in the state in manufacturing and employment growth. Manufacturing accounted for 12.9 percent of local income in 1982, while 24.8 percent of non-agricultural employment was in services, 26.5 percent was in trade, 12.9 percent was in government, 8.0 percent was in finance, 9.9 was in transportation and communication, and 4.9 percent was in construction. It has been estimated that in some way or another 50 percent of the economic basis of the area is served by tourism (Dade County Industrial Development Authority, 1984).

Dade County has an abundant labor force that increases yearly. This is due first to the constant influx of foreign refugees and second, to the fact that wages are lower in Dade County than in many comparable metropolitan areas due to low unionization. Dade's tax rates are very low and this

in turn makes the area attractive to new businesses as witnessed by the rebirth of the downtown area. The County is recognized as a national and international banking and financial center. It is served by a major international airport, seaport and a large number of highways. The County is in the process of completing "Metrorail," an elevated mass transit system to better serve the needs of a growing community. The County boasts an impressive number of cultural and entertainment opportunities as well as a considerable number of parks, recreational and sporting facilities (Dade County Industrial Development Authority, 1984).

B. Author's Work Setting, Role and Responsibilities.

Educational Guidance Services, Inc. (EGS) founded in 1967 by I.H. Wills, M.S., M.Ed. and Norma Banas, Ed.D. is a private learning disabilities clinic located in a middle class area of southwest Miami. Mrs. Wills, a licensed school psychologist and psychometrician is responsible for testing and evaluation while Dr. Banas oversees curriculum and administration. Both women are well-known in the field of learning disabilities and are contributing editors to Academic Therapy. EGS has a professional staff of four fully certified teachers including a certified speech pathologist. All instructors have a Masters or more advanced degree.

EGS provides a full range of educational and vocational testing and evaluation for persons aged three through adulthood. Fees vary, but a complete educational battery costs $250. After evaluation, an individualized prescriptive program is designed for those students with mild learning disabilities who would benefit from remediation at the Clinic. Other more severe students are directed to appropriate facilities within Miami or elsewhere. Children of every race and ethnic group are served, but the steep cost of remediation, $20 per session per individual or $15 per session for two students paired, finds that the typical student is white and upper-middle class. The Clinic has experienced an increase in Hispanic students during the last year to about 30 percent of its total population.

The Clinic's population fluxuates from 40 to 60 students during the school year. The youngest students, three, four and five year olds, often exhibit emotional and behavior problems as well as learning difficulties. The majority of the students are of elementary and high school age who have specific learning disabilities. EGS also works with college students and adults who need perceptual, problem solving and study skill remediation.

During the school year, the child attends his own public, private, or parochial school. He comes to the Clinic twice a week during the school day for the one hour

remedial session. The vast majority of the sessions are conducted on a one-to-one basis, but sometimes two children with the same problem may be paired. The child's individual needs and learning profile determine his individualized program. The Clinic's prime objective is to build the child's self-esteem and confidence by enhancing his learning abilities, working through his strengths while remediating his weaknesses and thus, presenting new avenues nd methods to ensure school success.

Remedial programs are offered in gross and fine motor skills, visual and auditory perception, language comprehension and development, speech correction, and specific school subjects such as reading, math, geography and study skills. The instructors use a large, varied, up-to-date repetoire of manipulative and associative methods and design new methods and materials when needed. The student's length of stay at the Clinic varies according to the depth and complexity of the problem. Some students remain for half a year, others a year or two. Still others come to summer session to boost their academic skills. The Clinic also offers parents counseling on how to live with their LD child and behavior modification techniques.

Each summer from the end of July to the end of August, the Clinic holds a four day a week, five week intensive remedial program. Offered Monday through Thursday, the day is divided into a morning session, from 8:15 a.m. to 11:15

a.m., for children aged three to nine. The afternoon session, from noon till 3:00 p.m., is attended by children aged ten to 18. Thirty- two to 40 children attend each session. After testing, each child is placed in a homogeneous group with three other youngsters. The child and his group change teachers every hour or half-hour depending on the prescribed program. The program is executed by five fully certified LD teachers who present new ideas and skills during the first half hour. These new concepts are then reinforced by five college-aged teacher aides in the second half-hour.

The students in the morning program are offered gross and fine motor work, language development, visual and auditory perception, reading, math and writing skills. All activities are presented in a "fun and games," manner with weekly rewards given to all attending for good effort, behavior, improvement and accomplishments. The methods and materials used provide for successful learning situations in accordance with the most current learning disabilities and behavior modification theory. The afternoon session has a program of a similiar nature designed to meet the older student's specific needs. The cost of the session is $500. At the end of the session parents confer with one of the directors and receive a written report on their child's progress and future educational needs. Copies of this

report are available, with parental permission, to the child's school, pediatrician and other qualified persons.

The author has 14 years of experience at EGS and teaches during both the regular school year and summer session. Her professional duties include six areas of responsibility.The first area is the management of the students' individualized instruction so as to maximize learning with a flexible success- oriented approach. Second, she is involved in evaluation and assessment, as a continual measure of student goal attainment which is used as feedback for curriculum and instructional modification, She maintains a daily log on each student and writes several reports a year on student progress. Third, curriculum development, entails determining the appropriate educational methodology and techniques for student success. She is involved in the preparation and creation of new materials and programs necessitated when prepared educational resources do not meet the students' needs. A fourth duty is the responsibility for student-parent counseling, orienting them to educational problems and remediation program objectives. Fifth, involves acting as liasion with other educational institutions, enlisting support for EGS programs in the child's home school, while sharing the child's program and progress with his teachers. Lastly, she is involved in "technology sharing", instructing visiting professionals and new staff in EGS' philosophy and individualized methodologies and techniques.

# CHAPTER II

## STUDY OF THE PROBLEM

### A. Statement of the Problem.

The past few years have witnessed a change in the role and attitude of parents toward their children's education. No longer were the parents willing to be told by 'experts' what was correct for their offspring without having had a say in the matter. Rather parents and parent groups have begun to assert themselves demanding better communication with the schools and an opportunity to become a more involved, intelligent partner in this process. The literature spoke of the benefits which resulted from improved communication and greater parent involvement not only for the child and family, but for the school system as a whole.

No one doubted the effectiveness of parent-school harmony, but a genuine educational partnership between the two groups remained far from a reality. Seeley (1983) believed that the idea of a partnership had been replaced with a relationship thought of in terms of service delivery. Thus, terms such as "client", "provider", "profession" and "target population" were often heard. These terms produced a conflict of whether the provider or the client held the

greater power. A true partnership was defined as "a common effort towards a common goal," provided a more productive framework.

Nowhere in the educational system was the need for continuous, effective communication and a working partnership between parents, teachers and other professionals more vital than in the case of the child with special needs. Macrum and Williams (1984) in a talk delivered before the 1984 ACLD convention stressed the need for closing the "communication gap". They felt that frequently the professional, the parent and the child existed and functioned independently within the educational or clinical setting. They also noted that the "professional is active, the child is passive and the parent ignored" (Macrum,1984,p.5). They suggested that ways must be sought to involve all parties to execute an effective remedial program with the child at the center of the process.

The EGS staff too, recognized the need for effective communication between parents, teachers and professional staff for several reasons. First, effective learning disability remediation and progress did not always manifest themselves solely in the Clinic, but through the child's performance and behavior in other settings, the home and school. Second, in order for remediation to be effective the child must be provided with a supportive environment in

the home, classroom, and the Clinic. Yet in reviewing the EGS communication methodology the author found it to be ineffective, not meeting the needs of parents, teachers and EGS. The problem was not that communication did not occur, but rather that communication was uneven and sporadic.

The Clinic's informal communication response methodology dealt with the student's needs on an ad hoc basis, generally it responded to lack of student progress or parental concerns. Parents often initiated informal comments about their child's progress or problems before or after their youngster's lesson. Sometimes parents took part of the session to talk with the instructor about pressing problems and concerns. At these times, the directors were notified of the problem verbally and usually necessary curriculum changes were made. Parents were informed about these changes the next time their child came for his lesson. Public school teachers involved with the LD child were infrequently notified of the remediation program change. Sometimes parents informed the teacher of the change, at other times they did not. Teachers were contacted by EGS staff once during the semester, about four and a half weeks into the term. If this phone contact brought to light problems that EGS remediation could solve, a change was made in the child's remedial curriculum. There was little feedback from the school teacher as to the results of the changed remedial program. The Clinic issued one to two page

progress reports twice during the year, at the end of both January and May. This report was sent to the parents and a copy was also sent to the school or other concerned parties if parental consent was given.

The Clinic realized that in order to remedy its lagging communication system it had to develop and manage a formalized, comprehensive, interactive three party communication network which enabled the Clinic as well as the parents and teachers to provide a more supportive environment for the LD child.

Difficulties Encountered and Persons Affected.

The following problems existed within the educational methdology and program structure:

Clinic Staff and Management:

. No standard methcdology for reporting student progress which mandated supportive activities from parents and classroom teacher.

. Clinic found that student progress was hampered because of inappropriate interventions of parents and teachers demanding improvements of the child which were unrealistic.

. Inability to communicate with parents and teachers because these parties lacked an understanding of LD remedial therapy.

. No organized method existed "or determining whether in fact the end results of LD remediation were occurring in the real world, i.e. at home and in the classroom.

Parents:

. Lacked an understanding of LD remedial therapy program and specific activities.

. Held unrealistic expectations of the degree and time necessary to remediate their child's problem.

. Harbored feelings of guilt that the home environment and parental behavior towards the child had caused the problem.

. Attempted uncoordinated and many times negative activities to help the Clinic's remedial program.

. Were not involved in the instructional or remedial process.

. No organized, formalized process of feedback from parents to EGS staff.

Teachers:

. Failed to recognize the LD basis for the child's deviant academic or social behavior.

. Were unable to apply constructive educational methods to meet the needs of the LD child.

. Were unable to provide feedback to parents and Clinic on anticipated progress of the student based on coordination of LD remediation and classroom program.

Why Problem Had Not Been Solved Or Why Previous Solutions Had Failed.

There were several reasons why this problem had not been solved in the past:

Clinic Staff and Management:

. Lacked continuous formal evaluative procedures.

. Lacked resources necessary to develop, implement and monitor a formalized communications network.

. Held a philosophy of crisis-oriented, infrequent parent and teacher contacts.

Parents:

. Some parents were fearful of asking for more information regarding their child's problem.

. Some parents recognized that a problem existed and attempted to work with their child, but lacked remedial techniques for success causing increased parent-child tension.

Teachers:

. Were often unaware that the Clinic was glad to answer their questions and offer advice in regard to dealing with the LD child.

Problem Statement.

EGS lacked a comprehensive, interactive, institutionalized multidirectional communication system between parents, teachers and EGS staff which hampered each actor's capability to support the LD student's clinical remedial program to the student's full potential.

B. Documentation of the Problem.

The need for the development of a communication triad at EGS was evidenced when a preliminary survey was conducted to determine if parents and school teachers felt that they were/were not receiving sufficient communication from the Clinic and whether they were/were not actively involved in a communication network. The survey consisted of the following six components:

I. A review of the records and interviews with parents of the ten students who had withdrawn from the Clinic by their parents prior to the Clinic's determining that they should be withdrawn showed:

. In seven cases the EGS staff had not kept parents informed of their child's growing difficulties in the public schools.

. Seven parents noted that the remediation was longer than expected and results were not as fast as they had desired or imagined.

II. A review of the records of students whose progress had not been up to expectation and consultation with those parents and teachers involved found the following:

. Fifty percent of the parents indicated that they would have helped their child if the Clinic had informed and educated them as to techniques and activities.

. Eighty percent of the parents felt that without proper guidance in how to work with their child their well meaning desires might have been turned into a negative, unsuccessful experience for the child.

. One hundred percent of the teachers stated that parental assistance would improve the student's class progress.

III. In addition, a twenty percent indepth sample of 25 parents found the following:

. Sixty percent had not fully understood the Clinic's methodology and program of remediation of their child.

. Eighty percent expressed guilt feelings that perhaps the home environment and their own behavior toward the child had caused the problem.

. Eighty percent reported that they needed additional information about learning disabilities.

. Seventy percent said that they would attend a Clinic workshop on learning disabilities.

IV. A twenty percent indepth sample of 20 teachers found the following:

. Sixty percent expressed concern with the lack of time necessary to provide continual feedback to both parents and the Clinic staff on student progress.

. Seventy percent felt unable to recognize the LD basis for the student's classroom behavior.

. One hundred percent asked for more information explaining the nature and severity of the child's LD problem.

. Eighty percent asked for specific information so that they could work more effectively with the LD student.

. Ninety percent expressed a desire to cooperate with the Clinic in assisting the student's remedial program.

. One hundred percent wanted periodic progress reports from the Clinic.

V. Consultation with the professional staff at the Clinic revealed the following consensus of needs and concerns:

. There was a need for improvement in the student management information system and procedures.

. There was a need to correlate the student's behavior at the Clinic, home and school as a basis for determining remediation progress.

. A workshop on improving staff communications with parents was beneficial.

. Difficult and time consuming efforts were necessary to educate parents on the nature and severity of their child's LD problem.

. School teachers who lacked a clear understanding of LD therapy hampered the staff's ability to effectively communicate with them.

VI. Consultation with the directors of the Clinic established that:

. The communication network was not as effective as it should be.

. When parents and teachers totally understood the problem they were more cooperative with the Clinic.

. There was a need to correlate the student's behavior at the Clinic, home and school as a basis for determining remediation progress.

. A majority of the parents asked for increased support activities that they could do at home with their child.

. Generally, students achieving success at the Clinic had active support of both their parents and their teachers.

C. Analysis of the Problem: Probable Causes of the Problem.

There were several reasons why the Clinic had not analyzed and revised its communication network methodology. First, the magnitude of the problem was not known prior to

the time the survey was taken. The two reasons the survey was conducted were a feeling that in the past school year there was an increased number of withdrawls and increased expressions of parental concerns about the effectiveness of the Clinic's program. Both of these matters directly impacted on enrollment and the financial viability of the Clinic and indirectly reflected on the Clinic's reputation. After the survey was conducted it was found that the Clinic's communication system had not changed and progressed in keeping up with the improvements in the Clinic's overall management and instructional capabilities. Therefore, it became an area of concern. The survey also brought to light the Clinic's deficiencies in the area of parental involvement. This, too, became an area of need.

In reviewing the Clinic operation it was found that another cause of the problem was structural in nature as the Clinic's management approach to communication was primarily a <u>laissez-faire</u> attitude. Each instructor individually was expected, without an overall system, to establish effective working relationships with both parents and teachers. The problem also became more evident because of the change in the degree of severity of the student's disability over the past two to three years. This occurred because the public school system addressed the needs of the child with less severe difficulties within its LD programs. Thus, many of the children coming to the Clinic at present were those who

have more severe problems. Therefore, both parents and teachers involved with the child faced a more complex situation as learning disabilities were not always completely understood. Lack of understanding brought a rise in anxiety and frustration levels for all concerned. Parents and teachers were often bewildered by the erratic academic performance and irrational antisocial behavior the child exhibited, not knowing that in many cases this behavior resulted from an underlying LD causal factor.

In conclusion, the above mentioned changes that the Clinic had experienced in the past few years highlighted the deficiencies of the communication system. Therefore, the creation of a comprehensive, interactive, systematic communication network became a high priority area for program improvement. Management was now prepared to allocate the necessary resources, as it had done in other areas over the years, to support the undertaking of an innovative system of communication which included parents and teachers.

D. The Related Literature.

A basic assumption and a current trend in the literature was the importance of parent/professional communication to enhance the child's opportunity to obtain a meaningful and appropriate education. Marie Peters (1982) suggested that this trend began in the 1950's with the publication of a

book by James L. Hyman which stressed home-school interdependence. The 1960's reflected the work begun by educational researchers in the field of parent involvement in the schools. Subsequently, federal programs such as Head Start, Home Start and Follow Through built upon the ideas of parents as partners in their child's education.

Lapides (1981) stated that the Head Start programs stressed the need to recognize the parent as the child's responsible guardian and prime educator who should have direct involvement in decision making and educational program planning. Parents were encouraged to volunteer or take jobs as teacher's aides. Lapides found that these involved Head Start parents were more sensitive to their child's needs, more accepting and displayed more affection and warmth toward child.

The passage of the Education of All Handicapped Act, PL 94-142, was especially important for the future growth of parental nvolvement. It developed and shaped the thinking of increased importance of parent/ professional cooperation. Parent inolvement was no longer a luxury, rather it was a mandated necessity. This law provided for ongoing parental participation in the decisions relating to their child's education. Prior to this law there had been a reluctance on the part of the school and the parents to work together as a team. Both groups hid in the "traditional adverserial roles of 'them and us' syndrome" according to Pattison (1982).

This position existed because parents and teachers waited too long before they approached each other after a crisis had arisen nd the child was in trouble. This waiting game caused frustration and guilt for both parties. PL 94-142 emphasized Ohe need for cooperation while giving parents much needed power.

The system set up guidelines and procedures to ensure the most appropriate educational program for the child. Individualized educational plans (I.E.P.) which were required were the joint output of both teacher and parent. These I.E.P.'s benefited the child by meeting his special needs. Agard (1982) wrote a book with specific guidelines for school administrators. This work suggested the correct forms and approaches that ensured that parents were truly informed and able to participate in the process. Dickson (1980) found that even with these guidelines many parents did not feel that they were an equal partner in their child's educational planning.

Peters and Noel (1982) also suggested that in reality parents were not equal partners in educational planning. They called on professionals to establish a close cooperative effort with parents to improve the parents' ability to understand and plan for their child. It was understood that expanded energies were necessary to involve parents actively. It was vital that professionals become aware of the need to work with parents for the growth of a

partnership. Wright (1982) offered several reasons why professionals were becoming aware of parents in the process of educating the handicapped child. Several factors caused this: political pressures from parents; use of para-professionals or nonprofessionals in therapeutic or educational services gave rise to training; recognition of parents as change agents; success of special education and therapy techniques which encouraged parent involvement. Wright cited a study by Tymchuck (1975) in which he suggested three ways professionals helped parents of handicapped children: trained them as teachers of their child, provided counseling for the parents to accept their child and provided programs to enhance mother-child interaction. All three areas had both positive and negative aspects. Training was fine if parent and child had a good relationship, but became negative if focused only on teaching the child and not enjoying him for himself. Counseling the parent had not been shown to influence the child's development. Mother/child programming had been successful in modifying play behavior, but it did not directly translate into improved child physical or cognitive success or improved acceptance of the child.

Allen (1981) believed that only when a healthy, active, ongoing relationships were established between teacher and parents could the school provide a child with a truly optimum learning environment. A study by Almy (1975)

claimed that "if both teacher and parent share an understanding of the child and both agree on the direction for that child's learning the developmental chances for a good educational beginning are greatly increased" (Allen,1981,p.3). Cernove and O'Leary (1982) undertook a study which described a conceptual framework for parent involvement. They suggested that parent involvement in the schools followed along a continuum that ranged from active participating parents to parents as passive receivers of information. They spoke of four categories of activities in regard to parent involvement: 1) reporting of child's progress; 2) special events; 3) parent education and 4) parents as "teachers." These categories also formed a continuum and both continuums encouraged parent activity in both a vertical and horizontal manner. Greater parent involvement helped the parents to feel part of the system and prevented feelings of isolation.

Beale and Beers (1982) discussed three categories of school and parent interaction. The first, parent education, taught them what they had to know. The second, parent involvement, brought the parents in and put them to work. The last category, increased communication "talk, you talk, I talk, we talk," became the basis for any significant interaction. They stressed that the role of the teacher as facilitator brought about good communication.

Becker and Epstein (1982) conducted an involved survey of teacher practices in regard to parent involvement. The survey covered 3,700 responses from teachers in Maryland about 14 specific techniques that they utilized to encourage parents' participation in the learning activities of their children. The overall results found that teachers had a very positive view of parent oriented teaching strategies and widespread although not intensive use of the 14 teaching techniques. The survey found that of all the types of involvement, supervision of learning activities at home had the greatest educational significance. The authors suggested the need for further research in defining roles in this area. Moles (1982) found that in the elementary schools the forms of parental involvement was not critical so long as it was reasonably well planned, comprehensive and long lasting. One study found that teachers were not enthusiastic about parent participation, but that principals valued it. These teachers felt that parents lacked training, and the time necessary to do an adequate job as well as skills. Parents of Title I, ESEA children were often not able to help their children and thus teachers made "little

sustained effort to communicate" with them and "involve them in the instructional process." Some school systems had made a commitment to parental involvement by offering parents training. They found that a program of this sort reduced asbsenteeism and often resulted in higher achievement scores.

Wiesendanger (1983) noted that the degree of parental involvement in the public school decreased as the child grew older. This related not only to reading with the child, but playing games with him. Yet parents questioned said they were anxious to work with their child. Holcomb, Shearer and Thro (1982) in a study designed by the Hardin County Board of Education stressed the need for parent/teacher cooperation and communiction and the role of outside persons, in this case the elementary school counselor. This study found counselors, added an "in depth and expanded dimension" to the communication. On the whole the literature indicated that teachers were amenable to parent involvement. Cummings and Maddux (1983) even offered suggestions on how to involve the four types of parents who never became involved. They suggested a variety of strategies to lure back the "apathetic," the "burned out," the "intimidated" and the "resigned" parent back to the classroom.

As parent involvement with the schools grew, the parents had a greater and greater need for effective communication about their child and his programs. The literature was replete with articles calling for improved cooperation and communication between the school and parents. The Indiana State Department of Public Instruction published in 1980 an instructional guide for parents which emphasized school and parent cooperation. It suggested that as a result of better communication and teamwork the school received more support, the child benefited from more guidance both inside the school and out, and that the child's learning tended to be constantly reinforced. Furthermore, there was less danger of gaps in the child's total education.

Kelly (1981) suggested guidelines for working with parents which included: sending advance notices of scheduled meetings; meetings in which participation was voluntary and the need for discussion topics to eminate from the group itself. He stated that "parents have a fundamental human right to know, to understand and to share in decisions that affect the education of their children" (Kelly,1981, p.28). These rights included the following:

. To be informed about teachers and principals, their professional background and expertise.

. To be informed about the curriculum, what is being taught, how it is organized and how groups are determined.

. To be informed about school policies.

- To be able to influence administrative decisions.
- To be able to influence school policy.

Garcia (1975) felt that communication was circular process which changed and developed as it continued. She believed that open communication was formed when trust, a degree of risk taking, mutual caring and good communication skills were utilized. Through open communication the teacher and parent worked together to benefit the child. She suggested several positive activities that encouraged the development of good communication such as: active attentive listening; the ability to paraphrase and offering new alternatives. A check list of negative activities was included which had a binding, subordinating effect on the communication such as: denying feelings; vigorous agreement; unrealistic expectations and approval or disapproval on personal grounds. Froehle (1983) suggested that teachers of LD children when talking with parents had to clarify the nature of the disability. Parents needed to help their child set specific tasks to accomplish in order to explore life to the fullest. Teachers were urged to utilize a variety of teaching aids that affected more than one sense mode. In this manner, both parent and teacher were working towards better understanding the LD child and means of helping him.

The Project Home/School Interaction in Hackensack, New Jersey (1973) suggested that conferences were not the only

form of good communication. They developed a multifaceted information approach to reduce parental anxiety. They felt that parents needed not only to be informed, but to participate in developing programs to improve the climate for learning. The total commitment to involvement included use of: mini-teas; parent workshops; home visitations; open house; class visitations and an open door policy.

In working with parents of severely handicapped children, educators needed to be aware that the family was able, as a result of its position of power, to either support or sabotage the best efforts of school personnel. Kroth (1975) believed that teacher training programs did not always provide an opportunity for students to learn the skills and techniques of conferring with parents. The importance of effective parent/teacher relations can not be overemphasized, especially with parents of handicapped children. First, the teacher had to have understood the child in his home environment and made appropriate plans for him in class. It was a necessity that parents provided the school with information on the child's growth and development. Only when parents and teachers were able to recognize each other's capabilities could they join together in successful problem solving.

Lipton (1982), the parent of a handicapped child, reported that parents were victimized by professionals who stereotyped them. This in turn complicated interaction

between the two. Parents were tolerated and were only "tokens" when participating in a meaningful role in educational conferences. Parents were in a period of transition from passive and uncertain participants in the learning process to a period of greater assertiveness.

Biklen (1981) reminded professionals that they had to regard parents as practical experts and suggested the reaffirmation of their important role in assessing the child's needs and strengths. Communication had to respect the parent as a partner in the child's education. Karnes (1979) urged educators to "think of parents as teaching resources who can contribute knowledge about and insight into their child, to help you enhance the education program"(Honig,1981,p.24). She suggested that parents had been downgraded and dismissed causing parental fears which led to alienation and lack of trust in professionals. Parents must be respected for they were the prime observers and usually had the best at heart for the child.

Peters and Noel (1982) suggested that parents must be helped by professionals to reduce their feelings of guilt, anger and rejection. Yet professionals who dealt with parents of severely handicapped children sometimes offered advice and guidance and interactional activities that were at times ineffective, debilitating and professionally irresponsible. This was caused by lack of university preparation in effective communication skills in how to deal

with these parents. Most professionals find it difficult to communicate effectively with parents without this training. Fear and insufficient knowledge also caused poor communication. This all led to lack of of trust which was the most important reason for poor cooperation and communication. The fundamental requirement of any positive relationship is trust. Parents must be seen as partners rather than adversaries, an attitude necessary as a base for effective communication.

Beale and Beers (1982) commented that open communication strengthened a relationship between parents and teacher and laid the basis for productive parent education and parent involvement. They felt that teacher interactions with parents on a daily basis had a direct impact on the fragile relationship between school and family. Satir (1972) noted that "communication is the greatest single factor affecting a person's relationship with others" (Beale, 1982,p.36).

Norwood (1983) discussed the importance of conferences as a communication tool. He suggested that parents help the teacher most by reinforcing what the school wanted the child to learn. The key to successful cooperation was the ability of each party to accept the sincere interests and good intentions and competence of the other. The common goal of successful communication had to be the child's welfare. Kroth (1975) sugggested that a beginning of the year conference was vital as it prevented or reduced problems of

attendance, dropouts and increased grades. This first conference, if conducted with skill, was the appropriate time to establish rapport. Involved parents thus served as powerful reinforcers assuring academic growth and reducing behavior problems if they received data, daily or weekly reports.

Fredericks (1983) offered a variety of suggestions for holding a fruitful conference between parents and teachers. He urged holding the conference at a convenient time so that both parents attended, if possible. The setting had to be pleasant, comfortable and nonthreatening. Teachers needed samples of the child's work and the conference had to begin on a positive note. The teacher then discussed the need for specific improvement, telling the parent what was the expected level of work. As a member of the team the parent was told how he could have helped build skills at home, given encouragement and provided a proper study area. Conferences always ended with a reminder of the teacher's open door policy and that parents would be invited for future conferences. Bell (1982) urged the use of "I messages" which allowed for expression of feelings without violating the rights of others. This was especially vital in a parent/teacher conference.

Lockavitch (1983) used a clever device to impress the reader of some positive attributes of a good conference between a parent and teacher of the LD child. He used the

letters of the word "parent" to become the first letter of these characteristics. "P" meant "prepare" all materials before the conference. "A" stood for "attend" to both verbal and non-verbal messages and the physical setting. "R" meant "respect" the parent. Teachers were urged never to talk down to the parent, everyday language should have been used to get the point across. "E" stood for "empathy", "N" meant "negotiate" and "T" meant "tolerate" the parent's view even if you did not agree with it. Good parent conferences had four qualities; "approachability," "flexibility," "sensitivity" and "dependability."

Oviatt (1984) offered suggestions for parents when they went to a teacher called conference. She urged them to dress in a business-like manner, to take notes and to ask questions. It was imperative that they asked the teacher to repeat in simple English anything they did not understand. If the conference was delayed parents had the right to be informed of the reasons why. A written follow up letter after the conference was also of value. She urged parents to 'keep their cool and stick to business' thereby maximizing their control of the conference.

Ellenburg and Lanier (1984) offered the reader several factors that contributed to poor conferences. First, parental anxiety and guilt were present. Parents had no reason to feel guilty about a child's disability unless the disability resulted from abuse or neglect. Second, parental

resistance, some parents feared being involved in the treatment process because as the child improved the family situation might collapse. As long as the child maintained his LD problems and was loved by the parents, everything was all right. Some parents blamed the teacher or other authority for the problem. This too, was a defense mechanism. Parents had to have reached a stage of being ready to accept help themselves and then they were better able to communicate about their problems.

No one doubted the effectiveness of parent/school harmony, but a genuine educational partnership between the two groups still was far from a reality. Seeley (1982) suggested that the idea of a partnership has been replaced with a relationship thought of in terms of service delivery in which one party held greater power than the other. This produced conflict rather than cooperation and communication. This was often the case of educators dealing with parents of children with special needs, learning disabilities or more severe handicaps. Macrum and Williams (1984) in a talk before the ACLD convention stressed the need for closing the communication gap. They too felt that frequently, the professional, the parent and child existed and functioned independently within the educational or clinical setting. They suggested that ways must be sought to involve all parents and education leaders to execute an effective

remedial program with the concerns for the child at the center.

Valle and Sundeman (1984) realized that often parents were not willing to ask for assistance. Parents felt reluctant to ask questions and communicate problems because they lacked the necessary background. In such instances, it was even more important that educators took the initiative to search out areas of parental concern in order to help them learn more about their child's development. They realized that the parents of LD children often had only bits and pieces of information and needed further input on raising an LD child. They conducted a series of workshops to disseminate information regarding learning disabilites. As a result of these meetings the school and parents not only developed a cohesiveness and trust, but "formed a partnership and became friends." Their efforts had a positive effect on the students who felt that both the parents and teachers cared and wanted to help them. Parents gained confidence in their skills and had better communications with the school as a result.

Although parent teacher cooperation in behalf of the child was a cherished ideal it seldom worked that way. Research in the 1970's found the conferences were viewed by parents as negative experiences. Quite often parents dreaded contact with the school and avoided it whenever possible.

Buscaglia quoted in an article by Barnes (1972) urged teachers to help parents overcome their feelings of loneliness, guilt, shame, fear and desperation. The teacher helped reduce anxiety by being calm, honest and respectful. This, in turn, helped the parent to accept the reality of the situation. One area that impeded the value of a well planned conference was the use of jargon, "the dialect of the professional." Oviatt (1984) suggested that like a "foreign language, jargon can be threatening as well as intimidating to those who don't speak it." She claimed that "unless you are bilingual and understand it, demand that jargon be translated" (Oviatt,1984,p11). If the parent was too embarassed to admit not understanding the jargon, he should have asked the teacher to take the time and repeat it again more specifically.

Barnes (1972) suggested that parents who did not understand the educational jargon were not able to communicate and this too delayed the child's receipt of needed services. He found that all members of society find themselves in "sub-universes of knowledge." Each member participating had some degree of knowledge of this "sub-universe" which had a precise language. The less a member knew the less communication took place. This led to a situation in which some parties were not able to participate in that "sub-universe" called "education." Thus, the parents were not able to aid in the selection of

the educational goals of their child. Knowledge and language had to have similiar meanings for both parties, the speaker and the listener. The relationship between communicators effected the way messages were interpreted and the responses. In order for communication to be effective it had to be symmetrical, between equals. However, if the speakers were not equals a complimentary situation arose. In complimentary communication two roles were acted out, one superior and primary, the other inferior and secondary. The professional educator held such a superior position to his students and sometimes to the child's parents.

Covert (1982) stressed the need for written communication forms that used simple understandable English at the reasoning level of the parents. If jargon was used the parent was not able to complete the form and thus was not able to communicate with the professional. In a newspaper article, a professor at the University of Pennsylvania commented that using jargon on laymen could be a "very hostile" way of "demeaning or diminishing the listener" (Haas,1984,p1D). Another linguistics professor at the same school suggested that "it is the people with the finest grip on the subject matter who can relate it in the simplest terms." The use of jargon by professional educators created serious communication problems, for it was a "way of thinking fuzzily, but sounding like you know what you are talking about" (Haas, 1984,p.1D).

Meaningful parental involvement in the school required effective, jargon-free communication. Communication between equals produced dialogue between families and school personnel. As a result there was a deeper appreciation of the concerns of both the parent and teacher and a more positive attitude on the part of the parents toward the school. Barnes (1972) believed that better communication was responsible for increased student achievement, and attendance and decreased numbers of students referred for behavioral problems.

"Communication lets parents know what's really going on, engenders a good feeling about the reading program and helps parents become supportive of it as well" (Criscuolo, 1980,p.165). Informed knowledgeable parents were able to reject distortions and inaccuracies concerning school problems and programs. Grimmett (1980) reported that studies show that greater parental involvement was positively related to the achievement level of the child, especially in reading programs. Ida Gifford (1978) felt that parents of children in remedial reading programs had to be brought into a communication network in order to have more effective articulation of remedial services. There were weak communication linkages within and between components of the system that had to be remedied to develop a working communication model. She developed a communication mechanism, "bridges" that linked all levels:

county school boards; school administrators; regular teachers, remedial teachers and parents. Her long term goal was to insure all linkages in the system eventually became operational and successful. Her students reading and self-confidence improved because of the parental involvement.

The parents who were informed were more likely to contact the school. Beers (1982) believed that curriculum revitalization occured as a result of parental involvement. Peeples (1984) conducted a structured telephone interview with parents as a intervention technique in increasing cooperation among non-cooperative parents. Her findings showed that this alternative method of parent involvement resulted in better home behavior of the child, but it did not support improved school behavior.

The literature on parent involvement and effective communication appeared to be positive for the most part. Buscaglia, in Barnes (1972), said that the cooperation of the child, teachers and parents were required for successful learning. He continued that parents and professionals had to work together towards the end of developing a partnership whose efforts were helpful to the child. There was little in the literature about the LD clinician's role in communicating with parents, but as professionals they must always be knowledgeable, understanding and sensitive. The child needed to remain at the center of the process while

the parents and teachers supported the total education program. There was one noteworthy article regarding the role of the clinician in the communication process. Dr. Lillie Pope (1980), a director of an LD clinic which was part of a mental health unit in a public hospital setting, suggested enlisting parental assistance and cooperation in working with their own child and other LD children. Only by employing the cooperation of the child's parents could modification of the LD child's home environment be achieved. The clinician played a vital role in working with parents. She provided guidance, reassurance and suggestions about managing the child at home and his continued educational planning. The clinician interpreted the language of the professional regarding the child's diagnosis and was able to relieve the parents of destructive guilt and frustration. She was able to enlist the capabilities of school personnel and other agencies in locating appropriate services and acted as an advocate helping to secure these needed services. She acted as a liasion with the schools and increased the parents confidence in dealing with the schools. Dr. L. Pope contended that good ongoing communication between parents and clinician meant "only by involving parents as collaborators (rather than as objects, patients, causes or guilt-bearing child- abusers) can the clinician maximize the possibility of providing relief

and assistance for the child" (Pope, 1980, p.389).

Brofenbrenner (1974) wrote on the effects of intervention and suggested that "the family is the most effective and economical system for fostering and sustaining the development of the child... involvement of the child's family as an active participant is critical to the success of any intervention program...without such family involvement, any efforts of intervention, at least in the cognitive sphere are likely to be ephemeral, and appear to erode once the program ends. In contrast, involvement of parents as partners in the enterprise provides an ongoing system which can reinforce the efforts of the program while it is in operation and help sustain the progress." The role of the clinician had to be one of encouraging ongoing, honest communication by all parties involved, parents, teachers and clinician, which supported and enabled the LD child to reach his full potential.

## CHAPTER III

## ANTICIPATED OUTCOMES AND EVALUATION INSTRUMENTS.

### A. Statement of Goals

To establish a comprehensive, interactive, institutionalized multidirectional communications system between parents, teachers and EGS staff which enhanced each actors' capability to support the LD student's clinical remedial program.

### B. Specific Statements: Behaviors Expected, Standards of Performance, Evaluation Instruments.

The following objectives were projected for this practicum:

. To establish a comprehensive, systematic structured Clinic based communication system, from initial intake until the remedial program was completed, involving parents, teachers and Clinic staff as the student's support system.

. To establish a communication lystem developed and managed by the Clinic involving bimonthly student progress reports which integrated student behavior at the Clinic, at home and in the school.

. To establish a Clinic staff in-service training program to support project goals.

. To establish workshops for parents and teachers dealing with learning disability topics.

The three column chart which follows presented in summary form the problems, the procedures and the expected achievements of this practicum. Column one, described the problems, and followed the format for the "Documentation of the Problem," Section B, Chapter II. Column two, gave the specific procedures or activities that were used to alleviate the problem and column three, listed the results that had to be achieved for each activity to be considered successful.

Section C, Chapter III contained a detailed analysis of the following four forms devised by the author to assess the results of the practicum. The forms were the Educational Guidance Services:Communication System Monitoring and Reporting form; Parent/Teacher Workshop Assessment Form; Communication System Parent Assessment Survey Form and the Communication System Teacher Assessment Survey Form.

| Summary Statement of Behavior Manifestations of the problem as it existed | Procedures or Activities that were used to alleviate the problem | Results Achieved for each activity to be considered successful |
|---|---|---|
| A. Students with- | 1.EGS Student Assess- | 100% of parents and |

| | | |
|---|---|---|
| drew before completion of remediation for the following reasons: | ment and Work Plan Form. | teachers received this form. 80% of parents and teachers fully understood form. |
| a) parents felt that they were not told of school difficulties by EGS staff. | 2.Parent Orientation | 90% of those attending understood material covered. 90% reported orientation accomplished its objectives. |
| b) Parents noted that results were not as fast as they anticipated, remediation was longer than expected. | 3. Bimonthly Progress Report and parent conference | 100% of parents and teachers received 90% of parents and teachers understood Progress Report. 80% of parents satisfied with the progress that had been made. 70% of the parents carried out agreed upon functions. |
| | 4. Contact Follow-Up System | 100% of parents understood and accepted |

| | | |
|---|---|---|
| | | system. |
| | | Clinic staff followed-up on 100% of contacts initiated by parents. |
| B. Children not progressing properly in remediation caused parents to: | 1. Parent Orientation | 100% of the parents attending were told the role of the parent in the remedial process. |
| | | 90% understood the role of the parent in the remedial process. |
| a) want to aid their child at home, if EGS guided them. | 2. LD Workshops | 80% of those parents invited attended workshops. |
| | | 90% of those attended correctly understood and agreed to parental responsibilities in support of Clinic activities. |
| | | 80% agreed to carry out assigned roles and functions. |
| | | 70% had the necessary skills and competency |

| | | |
|---|---|---|
| | | in executing roles. |
| b) fear negative outcomes in aiding their child without EGS guidance. | | 100% will know where to get help if problems arise. |
| | 3. Bimonthly Progress Report and parent conference | 100% of parents received this form.<br>90% understood Progress Report.<br>70% agreed to accept responsibility for remedial role.<br>70% agreed to carry out agreed parental support functions.<br>70% agreed it was beneficial. |
| | 4. Contact Follow-Up System | 100% of the parents advised as what they should do, when appropriate. |

| | | |
|---|---|---|
| | | 80% agreed to carry out what was asked of them.<br>70% agreed it was beneficial. |
| C. Indepth parent survey found that: | | |
| a) some parents did not understand the Clinic's methodology or remedial program. | 1.Parent Orientation | 100% of the parents attending orientation were told the Clinic's role in the remedial process.<br>90% understood the role of the Clinic in the remedial process. |
| b) some parents had guilt feelings that they or the home had caused their child's LD problems. | 2.LD Workshops | 80% of the parents attended workshops.<br>90% understood the LD topic discussed.<br>100% atttending were made aware of various books, brochures on learning disabilities. |
| | 3.Bimonthly Progress Report and parent | 100% of parents received this form. |

| | | |
|---|---|---|
| | conference | 90% understood Progress Report. 70% understood of their child's LD problem. |
| | 4. Contact Follow - Up System | 100% of parents understood Clinic's role in implementing communication network. 100% understood the parent's role in implementing communication network. |
| D. Indepth teacher survey found that: | | |
| a) some teachers were not able to recognize the LD problems of their students. | 1.EGS Student Assessment and Work Plan Form | 100% of teachers received this form. 80% understood this form. |
| b) majority asked for more in- | 2.Teacher Orientation | 90% of those attending understood material covered. |

| | | |
|---|---|---|
| formation about LD and how to work with these children. | | 90% reported orientation accomplished its objectives. |
| | 3. LD Workshops | 50% of teachers invited attended workshop.<br>90% of those attending understood LD topic discussed.<br>100% attending were made aware of various books,brochures on learning disabilities. |
| c) some teachers felt that they lacked the time to give feedback to parents and EGS. | 4.Bimonthly Progress Report and EGS phone conference | 100% of the teachers received this form.<br>80% contacted by phone.<br>90% understood form.<br>70% understood the purpose of their student's remedial program. |
| d) all teachers said that they needed more informa- | 5. Contact Follow-Up System | 80% of teachers understood Clinic's role in in implementing communication network. |

| | | |
|---|---|---|
| tion on the nature and severity of the child's LD problem. | | 80% understood their role in supporting the LD child. |
| E. Consulation with EGS staff found that all: | | |
| a) desired improved management information system,forms, and procedures. | 1. Set up an In-Service Staff Communications Workshop | 100% of EGS instructional staff supported communication network system.<br>90% understood the new forms and procedures.<br>90% actively and voluntarily participate<br>80% felt the new network was beneficial. |
| b) felt the need to correlate student behavior at home and school with Clinic re- | 2. Bimonthly Progress Report and teacher conferences | 100% of those participating issued Bi-Monthly Progress Reports.<br>90% of parents had a conference.<br>80% of teachers had a conference. |

| | | |
|---|---|---|
| mediation. | 3. Contact Follow-Up System | 100% of staff understood the value of the system.<br>90% of staff followed-up on contacts initiated by parents and teachers. |
| F. Consultation with both EGS directors found that they believed that: | | |
| a) a comprehensive communications network was needed at the Clinic. | 1. Develop and implement a communication network to include: workshops; procedures; forms and conferences. | Both directors agreed if the above stated objectives were attained then the system would be established on a permanent basis. |
| | 2. Bimonthly Progress Report and teacher conferences. | Both directors agreed if the Bimonthly Progress Report and conferences component was effective then it would be adopted on a permanent basis. |

| | | |
|---|---|---|
| b) there was a need to correlate student behavior at home and school with Clinic remediation. | 3. Contact Follow-Up System | Both directors agreed that if the Contact Follow-Up System component of the network was effective it would be adopted on a permanent basis. |

C. Detailed Information about Evaluation Instruments

This author designed the one page Educational Guidance Services Parent/Teacher Workshop Assessment Instrument to be used for all orientation and workshop sessions (Appendix A). This instrument was developed in the form of a matrix with the "X"- axis or abcissa consisting of terms representing degree or agreement listed in sequence from left to right from "strongly agree" to "strongly disagree." The five performance gradations were each assigned a letter The letter "A" represented "strongly agree," letter "B" represented "agreement," letter "C" represented "uncertain," letter "D" represented "disagree" and letter "E" represented "strongly disagree." The "Y"- axis or ordinate consisted of ten statements regarding the value of the workshop for the parents and teachers, the quality of the presenter's performance and the need for future workshops.

Specific directions were printed in capital letters across the top of the page. The parent/teacher was required to circle the number which best represented the degree of agreement or disagreement to the statements on the left hand side of the page. No name was asked for in hope that anonymity would encourage honesty in answering the instrument. The assessment instrument took five minutes or less to administer.

After the instruments were collected the author tallied the answers. There were five performance gradations each assigned a numerical value from +2 for level "A," +1 for level "B," 0 for level "C," -1 for level "D," and -2 for level "E." A group numerical score was developed by multiplying the number of parent/teacher participants by each level score and dividng the aggregate number by the total number of participants. This figure was placed in the summary form entitled "Educational Guidance Services Parent/Teacher Workshop Composite Assessment Form" (Appendix B) in the correct level next to the corresponding statement. Group performance success was based upon 90 percent of the participants noting agreement or stong agreement, numbers "one" and "two" for each of the ten statements. It took two hours to tabulate group scores for all items. The instrument also had a section at the bottom of the page for "comments." These subjective views, if pertinent, were included in the conclusion section of Chapter V.

A second instrument, the " Educational Guidance Services Communication System Monitoring and Reporting Form" (Appendix C) was designed to assess whether the various component parts of the communication network were instituted and how effective they were. This form, one for each student was placed in the student's work folder. The EGS instructor placed the letter "Y" which represented "yes" or the letter "N" which represented "no" to the right of the statements on the left hand side of the page. The "Y" or "N" was placed under the correct month, September through May which was found on the "X" axis. The statements corresponded in part to the practicum objectives set forth and detailed in Section B, Chapter III. A section at the bottom of the page was set aside for any pertinent comments made by either parent or teacher in regard to the component parts of the network . Information was recorded on a monthly basis in an hour's time.

At the close of the implementation period all of these forms were collected and tallied. The number of "yes" and "no" answers were placed on the" Educational Guidance Services Communication System Monitoring and Reporting Composite Form" (Apprendix D) in their respective places beneath the correct month to the right of the appropriate statement. This took the author three hours to record and tally. he actual performance number was then matched to the anticipated performance percentage number to see if the

objectives proposed success rate was achieved. A narrative section of findings and conclusions explained the results of the monitoring system in the appropriate section of Chapter V.

The final assessment instruments used during the last weeks of the practicum implemention period were the "Educational Guidance Services Communication System Parent Assessment Form" (Appendix E) and the" Educational Guidance Services Communication System Teacher Assessment Survey Form" (Appendix F). These survey forms were mailed with a cover letter (Appendix G) and an addressed, stamped return envelope to parents and teachers involved with the project.

These instruments were developed in the form of a matrix with the "X"- axis or abcissa consisting of terms representing degree of agreement or disagreement listed in sequence from left to right, from "strongly agree" to "not applicable." There were five performance gradations each assigned a letter. The letter "A" represented "strongly agree," the letter "B" denoted "agree," the letter "C" meant "disagree," the letter "D" represented "strongly disagree" and the letter "E" meant "not applicable." The "Y"- axis or ordinate consisted of statements regarding the major component parts of the communication network. Specific directions were printed in capital letters across the top of the page. The author anticipated that the respondent should

take no more than ten minutes to complete the assessment instrument.

When the assessment instruments were returned, the author tallied the answers. There were five performance gradations each assigned a numerical value from +2 for level "A," +1 for level "B," -1 for level "C," -2 for level "D" and zero for level "E." A group numerical score was developed my multiplying the number of participants by each level score and dividing the aggregate number by the total number of participants. This figure was placed either on the summary form entitled "Educational Guidance Services Communication System Composite Parent Assessment Form" (Appendix H) or the "Educational Guidance Services Communication System Composite Teacher Assessment Form" (Appendix I) in the correct level next to the corresponding statement. Group performance success were based on the objectives stated in Section B, Chapter III. It took two hours to tabulate group scores for all items. The instrument also had a section at the bottom of the page for "comments." Both the objective and subjective view, if any, were included in the appropriate section of Chapter V. Comparisons were included with comments from the informal pre-practicum interview of parents and teachers upon first contact. The informal pre-practicum interviews consisted of questions regarding parent and teacher knowledge of learning disabilities theory and remedial practices. These comments

were written on the Contact Follow-Up forms (Appendices J, K and L) and reviewed at the close of the practicum.

D. Analysis Methodology

The evaluation of the communication network project was threefold. First, an assessment as to whether all the actors in the communication system followed the established sequence of activities and procedures to the degree stated in the objectives.

. Program success measures were defined in Section B, Chapter III.

. The data source for analysis was the "Educational Guidance Services Communication System Monitoring and Reporting Form" (Appendix C ).

. A compilation of the above form established a group average for each element for which result achievement objectives were stated and a comparison between actual performance with anticipated performance.

. A narrative section of findings and conclusions supported the statistical analytical representation.

Second, an assessment as to whether the communication network established by the Clinic enabled the parents, teachers and EGS staff to more effectively work as a team to support the LD child.

. The data source for analysis was the" Educational Guidance Services Parent/Teacher Workshop Composite

Assessment Form" (Appendix D ) and the" Educational Guidance Services Communication System Composite Parent Assessment Survey Form" (Appendix H) and the" Educational Guidance Services Communication System Composite Teacher Assessment Survey Form" (Appendix I ).

. A compilation of the above forms established a group average for each element for which result achievement objectives were stated and a comparison between actual performance with anticipated performance.

. A narrative section of findings and conclusions supported the statistical analytical representation.

Third, the decision of the directors of the Clinic that the communication network was cost effective and improved the ability of the Clinic to execute its role as a learning disabilities remediation institution.

. This phase of the assessment described in detail, included the reasons for or against the adoption of the communication network by the directors (Appendix N).

CHAPTER IV

## SOLUTION STRATEGY

### A. Alternative Solution Generation and Analysis.

The author presented eight alternative action plans to meet stated objectives. After a brief description of each alternative, a non-quantifiable matrix for analysis was used to determine the environmental feasibility of one or more potential solutions for which an implmentation plan was developed.

The major problem faced in most non-quantifiable alternative analytic processes was the generation of the alternatives themselves. The following techniques were used for this practicum.

. A review of the literature - who had done what and how successful had they been.

. A review of ongoing communication practices in other educational institutions, related remedial professionals and several optometrists in Dade County. This phone survey was conducted as part of Ohe author's first practicum for Nova University.

. Brainstorming with other professionals.

. Ideas generated by the author based on 14 years as a learning disabilities specialist.

The "Solution Strategies: Alternative Analysis Matrix" which follows has eight criteria in the form of questions on the "X"- axis. The questions are self-explanatory. There are eight options on the " Y"- axis.

. Option # 1 "Required Course" refers to all university students in elementary education degree programs being required to take a formal course in learning disabilities remediation for the pre-school and primary grade child.

. Option # 2 "Educate 11 Pediatricians" refers to requiring all Dade County pediatricians to take a course in learning disabilities so that they would be better able to counsel parents who had learning disability children.

. Option # 3 "Home and Class Visitations" refers to the establishment of a visitation program wherein the Clinic staff would directly observe the child's behavior in the home and school.

. Option # 4 "Communication Network" refers to the establishment of a formalized, comprehensive communication system originated and implemented by the Clinic.

. Option # 5 "Clinic Inservice Staff Training" refers to the establishment of a staff inservice training program on more effective commmunication with parents and teachers.

. Option # 6 "Orientation and Workshops for Parents and Teachers" refers to the establishment within the Clinic of a formal orientation program as part of the student enrollment

activity designed for both group and individual settings. A series of workshops for parents and teachers will be held dealing with topics vital to learning disabilities.

. Option # 7 "Formal Counseling'"refers to the establishment of a formal professional parental counseling service within the Clinic for all parents.

. Option # 8 " Existing EGS System" refers to continuing the ad hoc Clinic program, but attempting intervention with teachers and parents on a more timely basis to avert crisis situations.

B. Designated Solutions.

Based on the preceding comprehensive analysis of eight solution strategies, Option # 4 "Communication Network," Option # 5 "Clinic Inservice Staff Training" and Option # 6 "Orientation and Workshops for Parents and Teachers" all achieved a positive rating on each of the eight criteria. They therefore, represented the best solution strategies of any of the other options considered. These options met each of the elements of the goal statement, "to establish a comprehensive, interactive, institutionalized, multidirectional communications system between parents, teachers and EGS staff which will enhance each actors capability to support the learning disability student's clinical remedial program."

The literature review in Chapter II substantiated that these solution strategies had positive results in other educational settings. There were no statements in the literature which indicated that these solutions could not be used successfully in EGS' clinical academic year programs.

The detailed explanation of the implementation and evaluation of the proposed solutions clearly showed that they addressed the weaknesses and problems of the existing program with methodologies and techniques that were consistent with the highest educational standards.

C. Implementation of Solution Strategies.

The goal to be achieved as stated in Section B above required implementation of a complex, multiphased work program designed to determine the effectiveness of the solution strategies. Of the three strategies designated in Section B, the "Clinic Inservice Staff Training" component was deleted (Complete explanation given in Section F, Chapter IV).

The communication network component was implemented and executed in the following manner.

1. Component goals and objectives were refined (See Section B, Chapter III).

2. A revised workplan was developed (See "Course of Action," Section E, Chapter IV).

3. As a result of the completion of the above two program development activities the component functional tasks were finalized and are listed below:

1."Student Assessment and Work Plan Form" communicated to parents and teachers (Appendix D).

a) Reviewed the student's file and converted technical information into lay language and filled in the form.

b) Scheduled conference sessions with parents and teachers, in person or by phone.

c) Conducted conferences and recorded conference results on appropriate forms.

2. Assessed student progress, author used " Bimonthly Progress Report Forms" (Appendix P).

a) Performed a comparative analysis of projected and actual performance.

b) Established new program objectives.

c) Determined parent and teacher support activities.

d) Wrote progress report cover letter for parents and teachers (Appendices Q and R).

e) Mailed completed form and cover letter to parents and teachers.

3. Scheduled and conducted student progress conferences.

a) Recorded parent concerns on" Educational Guidance Services Student Progress Parent Conference Form" (Appendix S).

b) Recorded teacher concerns on "Educational Guidance Services Teacher Phone Interview Form" (Appendix T).

c) Modified projected outcomes as a result of conferences.

d) Added pertinent information to daily log sheet (Appendix K) in student's folder.

4. Nonscheduled communication contacts.

a) Informed parents and teachers of EGS' services, goals and objectives.

b) Determined circumstances warranting staff initiated contacts.

c) Encouraged use of the system by parents and teachers.

d) Recorded results of contacts on appropriate form. (Appendices L and M).

e) Incorporated information into student work program.

f) Provided referal information for other medical and professional student needs.

g) Followed up with referal sources.

h) Interacted with parents and teachers on referal source recommendations.

i) Recorded all contacts and consulted with Clinic management on student program issues.

5. Reviewed student academic progress, report cards.

a) Assessed student academic and behavior trends in specific performance areas.

b) Consulted with teachers on causes of poor performance or behavior and joint remedial program.

c) Consulted with parents on student's academic and behavioral problems and remedial program.

d) Helped parents devise interactive and communicative strategies with the school.

e) Maintained continuous follow-up with both parents and teachers.

f) Recorded all contacts on appropriate forms.

g) Consulted with Clinic management on student's progress and problems.

6. Conducted student assessment process, utilized "Semi-annual/ End of Year Progress Reports" (Appendix U).

a) Reviewed all student and commmunication network files.

b) Prepared a student progress report.

c) Mailed completed report with cover letter to parents and teachers.

d) Scheduled conference sessions with parents and teachers, jointly and individually.

e) Conducted conference sessions with parents and teachers.

f) Recorded conference results on appropriate forms.

g) Discussed year end report with Clinic director.

h) Jointly developed annual recommendation for summer and upcoming academic year program needs, including school placement.

The workshop component was implemented and executed in the following manner:

1. Component goals and objectives refined (See Section B, Chapter III).

2. A revised work plan was developed (See "Course of Action" Section E, Chapter IV).

3. As a result of the completion of the two above program development activities, the component functional tasks were finalized and are listed below.

1. Parent Orientation.

a) Established objectives and set curriculum.

b) Designed Assessment tool (Appendix A).

c) Pretested educational agenda with selected parents.

d) Assembled an information packet to be given to parents.

e) Conducted orientation.

f) Analyzed assessment instrument (Appendix B).

g) Discussed orientation effectiveness with Clinic directors.

2. Teacher Workshops.

a) Secured management's endorsement of the program.

b) Designed preliminary program of anticipated workshop themes or subjects.

c) Conducted informal needs assessment of teachers and school administrators.

d) Finalized determination of workshop subjects and dates to be held.

e) Prepared agenda, visual aids and organized handout materials.

f) Designed workshop assessment form.

g) Conducted workshops.

h) Analyzed session workshop instrument.

j) Discussed workshop effectiveness with directors of Clinic.

k) Followed- up with teachers in regard to individual needs expressed at workshop.

3. Parent Workshops.

a) Secured managment's endorsement of the program.

b) Designed preliminary program of anticipated workshop themes or subjects.

c) Conducted informal needs assessment with selected parents.

d) Finalized determination on workshop subjects and dates to beheld.

e) Prepared agenda, visual aids and organized handout materials.

f) Designed workshop assessment form.

g) Coordinated workshop logistics.

h) Conducted workshops.

i) Analyzed session workshop instrument.

j) Discussed workshop effectiveness with directors of Clinic.

k) Followed-up on individual basis with participants on expressed special needs.

D.Various Forms and Recording Devices

The various forms that constituted the basis of the communication network, which the author designed and utilized during the practicum, are presented on the following pages. A complete explanation for each form is given, including who it is intended for, a description and purpose and when and how it is to be used. These forms were devised to improve the flow of information at the Clinic. All forms appear in the Appendix.

Contact Follow-Up System: Three Log Sheets

The Educational Guidance Services "Contact Follow-Up System" consisted of three log sheets which were kept in the student's work folder at the Clinic. The objective of using three log forms to record all contacts was to provide the Clinic with a formal, organized, easy to read, continuous, updated ongoing picture of the student, his program and his progress. It also strengthened the necessary interactive nature of the communication system between all three actors, the Clinic, parents and the school because for each problem noted space was provided for feedback from the other involved parties on the appropriate forms.

The first, "Remediation Log Sheet" (Appendix K) was color coded according to the Clinic's policy in which "yellow" represented language concept difficulties; "blue" perceptual motor difficulties; "pink" auditory and speech problems and "white" denoted a combination of the above

problems. Each student was assigned a color sheet appropriate to his specific psychological and educational assessment. Thereafter, all of his lessons were recorded on that color sheet. The Clinic instructor made an entry for each remedial session.

The log sheet included the following information on both sides. The student's name was in the upper right hand corner. The page was divided into four areas. Each section had four small boxes running horizontally. The first box on the left hand side was for the date of the session. The other three boxes going from left to right were for teacher's notes on the student's "attitude," "effort" and "attention span." The instructor placed a plus sign in the boxes if behavior was "acceptable," a minus sign if behavior was "unacceptable" and a waving horizontal line which indicated "fluxuating behavior." The section was further divided into two equal halves. In the uppermost space the instructor noted the lesson for the day. In the lower half, the student's progress in accomplishing the task was noted. Any problems that the student had with the activity and the reasons "why" were recorded here. Based on the child's learning experiences and successes, parent and teacher comments and discussions with the Clinic management program's were modified and revised. Any modifications were noted on this log form.

The second and third log forms were both labeled "Conference Log." Both were identical in all respects except for color. The green conference log was used by the instructor to note academic performance (Appendix L). The yellow conference log sheet was used by the instructor to note social behavior problems at home, school or at the Clinic (Appendix M). On the upper left hand side of the sheet there was a place for the requester's name, the instructor filled in her own name.The space entitled "For" indicated the person who would receive the information. The date was always noted on the upper right hand side of the page. The reporting area began with the work "Re" and the student's name would be entered here. A right hand margin with the word "disposition" written horizontally and "time" and "charge" were found in the upper right hand corner of this margin. "Disposition" refered to the needed action as reviewed by the director who also placed time and charge figures in the correct space when applicable. The forms were used for all informal and nonscheduled conferences with parents and teachers. Problems were referred to the Clinic by either the parents or teachers and placed on the appropriate sheet. The topic of the conference determined the color sheet used. The instructor noted the problem in detail, her assessment of the situation, pertinent comments from either parents or teachers and suggested actions that were to be taken to remedy the situation. Any program

revisions were made based on the information at hand and the needs of the child. These three sheets were used as a data base in compiling the bimonthly progress reports, or the longer, more detailed semi-annual or annual progress reports.

Student Assessment and Work Plan Form

The "Educational Guidance Services Student Assessment and Work Plan Form" (Appendix O) was given to the parent and discussed with him during the child's session within the first three weeks of the remedial program. A copy was also sent to the child's school teacher. The student's name and EGS instructor were recorded in the space provided in the upper left hand corner of the page. The date was placed on a space provided in the upper right hand corner of the page. The form was divided into two vertical columns. On the left side of the page, the column was titled "Interfering Factors." The three subfactors were listed below. Space was provided for the instructor to fill in information regarding the child's disability in the appropriate space. On the right hand side of the form were a list of skill areas affected by the interfering factors. The instructor placed an "X" for short term remediation or a "Y" for long term remediation next to those areas where the student required remedial assistance. The form provided a space for the instructor to write an overall assessment of the child's

educational difficulties. The projected work plan to remediate the child's problems was written in the space provided. This form enabled the parent and teacher to know what was the nature of the child's learning disability and what sort or proposed remedial program would be employed during his sessions. The subsequent bimonthly progress reports included and reiterated the child's overall assessment.

Educational Guidance Services Bimonthly Progress Report Form

The "Educational Guidance Services Bimonthly Progress Report" (Appendix P) was issued at the end of every second month except January and May when the more detailed semi-annual and annual "Progress Reports" were issued. This form was sent to parents and teachers with an apppopriate cover letter (Appendices Q and R). It kept them appraised of the student's work and progress. The form included the overall assessment taken from the "Student Assessment and Work Plan Form." The left side of the page listed the programmed remedial activities executed during the two month period. Next to the activity there was space for the instructor to comment on the progress achieved. To the right of this there was an area concerning "behavior," "attitude," "attention" and "effort." The instructor used the code found in the middle of the page to rate the student in each of these areas. A space for additonal

comments was also provided. The lower half of the sheet had the proposed student work plan for the following two months. Included were the proposed remedial activities and the program goals to be achieved. A space for both suggested parent and classroom teacher support activities was provided at the bottom of the page. The EGS instructor filled in the whole form. The suggested parent and teacher activities were added if applicable. This form served as the basis for the bimonthly parent and teacher conferences.

Educational Guidance Services Progress Report

The major student progress report (Appendix U) was issued twice a year at the end of January and at the end of the EGS school year in May. It was sent to the parents and teacher as well and was usually two to three pages in length. It described in detail the child's attitude and effort during the remedial process. The child's attention or lack of attention was also noted. Several paragraphs noted details of the specific kinds of remedial experiences used and the child's ability to benefit from them. Each activity was explained in clear, simple English to enhance parents' understanding. For each activity the instuctor noted any special attitudes, motivation needed and unusual behaviors.

Several paragraphs followed which explained what areas remain to be remediated. Suggestions were also given for

home activities. Here too any pertinent information relating to the remedial process and study habits, reported from school and home were incorporated into the report. Any related information from other involved professionals was also included. Overall changes in the student's pattern of social behavior, attitude, motiviation and growth of skills were also included.

The year end report commented on the total year's progress. Often recommendations were given regarding the need for additional professional help, further testing, or a change in school placement. The instructor conferred with parents and teachers about the progress report.

Student Progress Parent Conference Form

The "Educational Guidance Services Student Progress Parent Conference Form" (Appendix S) was used as a guide to the bimonthly parent-staff conferences which were held during the child's lesson or over the phone. It was to be filled in by the EGS teacher as the conference progressed or at the end of the conference which ever the instructor felt was more advantageous to the non-restrictive flow of conversation. A short summary of the conference utilizing the information on the sheet was then placed on one of the three appropriate log sheets. For example, if the conference dwelt on social behavior problems the summary was placed on the yellow "Conference Log Sheet." The parent

conference form was then placed in the student's individual work folder.

The form itself was divided lengthwise in two. On the left side of the page were the "Areas of Child's Behavior and Progress." Space was provided for the instructor to jot notes about problems in each area. The right hand side of the page provided space to note the "Agreed Upon Corrective Activities" to be taken by the parents, Clinic or possibly by the school. There was an open-ended question which asked the parent about anything else that might be influencing the child's progress and behavior. Room was also provided for the parent's overall assessment of the child's attitude and behavior. The follow-up space asked the instructor to note the date the information was recorded on the log form and any action taken with the school. Any other contact with the parent other than at the bimonthly conferences was noted on the proper log sheet. After this was completed the instructor made an asessement of the situation with the Clinic director and noted appropriate action to be taken in regard to the student's program. This information was placed on the appropriate log sheet. The parent conference form was then placed in the student's work folder.

Teacher Phone Interview Form

The "Educational Guidance Services Teacher Phone Interview Form" (Appendix T) was to be used as a guide to

the bimonthly phone conferences to the student's teacher in the schools. It was to be filled out by the staff member as the conference continued. The instructor introduced herself first and then gave the teacher a short description of the student's problem and the Clinic's remedial program. The EGS instructor asked the teacher if she had received the latest student progress report. She then took a few minutes and reviewed the highlights and answered any questions the teacher had.

The form itself was divided lengthwise in two. On the left hand side of the page were listed " Problem Areas" and further subdivided into " Academic Subjects," "Behavior," and "Interpersonal Relations." Space was provided for the instructor to jot down the teacher's comments. Another area was provided for the EGS instructor to offer assistance and suggestions for the teacher. The right hand side of the page provided space to note the "Agreed Upon Corrective Actions" to be taken by the teacher, Clinic or possibly by the parents. Room was also available for the teacher's overall assessment of the child's attitude and behavior. The follow-up space at the bottom of the page asked the instructor to note the date when the information was recorded on the log form and any actions taken with the parent. Any other contact with the school, other than the bimonthly phone conference was noted on the proper log sheet. A short summary of the conference utilizing the

information on this sheet was then placed on the appropriate log sheet. For example, if the conference dealt mainly with academic problems, the conference summary would be placed on the green "Conference Log Sheet." After this was completed the instructor made an assessment of the situation with the director of the Clinic and noted appropriate action to be taken in regard to the child's program. This was then entered on the correct log sheet. The completed phone interview form was placed in the student's individual work folder.

E. Course of Action

| | |
|---|---|
| March, 1984 | PPQ prepared and submitted for approval. |
| April-May | Indepth review of the literature conducted at Florida International University's library. |
| June-July 13 | Wrote, typed and proofread Chapters I, II and III of Proposal. Designed statement chart and all assessment instruments. Photo-reduced Parent and Teacher Assessment Survey Forms. Designed workshop agendas. Designed all forms in communication system. Designed alternative solution strategies |

| | |
|---|---|
| | matrix. Photo-reduced this matrix. Wrote, typed and proofread Chapter IV. Had all chapters proofread by colleague. Copied and collated proposal. Submitted to Nova University. |
| July 15-21 | Author attended Nova University's Summer Institute at West Palm Beach, Florida. |
| July-August | Forms taken to the printer, all supplies necessary for practicum implementation checked. Continued review of the literature. |
| July 23-August 23 | EGS Summer Session began. Author worked full time. |
| July 30 | Approval of Proposal by reviewer, Dr. JoEllen Salce. |
| Second week in August | Redesigned Student Assessment and Work Plan Form. |
| September 10 | EGS regular school year began. Implementation of solution strategy began. |
| Third week in September | Student Assessment and Work Plan filled in for each student. Mailed to student's teacher. Mailed Parent Orientation notice |

| | |
|---|---|
| | (Appendix V). |
| Fourth week in September and first week in October | Held parent conferences (Appendix S) to discuss Student Assessment and Work Plan Form (Appendix O). Held phone conference (Appenidix T) with student's teacher in regard to this form. Redesigned some forms and workshop agendas. |
| First two in October | |
| October-November | Contacted several school principals regarding possible workshops. Set up dates for future workshops. |
| October 22 | Held Parent Orientation (Appendix W) Tallied workshop assessment forms (Appendix A). Made entries on Monitoring and Reporting Form for each student (Appendix C). |
| Last week in October | Wrote first bimonthly student progress report. |
| First week in November | Mailed form to parents and teacher with cover letter. |
| Second and third weeks in November | Scheduled and conducted student progress conferences with parents and teachers. Assessed student report cards at the same conference. |
| November 12 | Conducted Teacher Workshop at |

| | |
|---|---|
| | Brandeis Academy, "Positive Reinforcers as Behavior Shapers " (Appendix X). Tallied Teacher Workshop Assessment Forms. |
| January 9, 1985 | Conducted Teacher Workshp at Gateway Baptist Elementary School, "Identifying the Student with Special Needs" (Appendix Y). Tallied Teacher Workshop Assessment Forms. |
| Second week in January | Conducted student assessment process and wrote semi-annual progress reports. Mailed reports to parents and teachers. |
| January 23 | Conducted Teacher Workshop at Gateway Baptist Elementary School, "Positive Reinforcers as Behavior Shapers" (Appendix Z). Tallied Teacher Workshop Assessment Forms. |
| Third and fourth weeks in January | Scheduled and conducted parent and teacher conferences regarding the semi-annual student progress report. Made entries on Monitoring and Reporting Form for each student. |

| | |
|---|---|
| First week in February | Wrote and mailed out notice of EGS Parent Workshop (Appendix AA). |
| First two weeks in February | Scheduled and held report card conferences with parents and teachers. |
| February 21 | EGS Parent Workshop, "The Use of Positive Reinforcers and Structure in Home Behavior Managment " (Appendix BB). Tallied Parent Workshop Assessment Forms. |
| Last week in February | Mailed announcement of Friday "Workshops"(Appendix CC). |
| First week in March | Wrote and mailed Bimonthly Progress Forms to parents and teacher. |
| Second and third weeks in March | Held conferences with parents and teachers to review Bimonthly Progress Forms. |
| March 15 | Held Parent/Teacher Workshop at EGS, "Working Effectively with your Pre-school Child:Motor Activities and Language" (Appendix DD). Tallied Parent/Teacher Workshop Assessment Forms. |
| Last week in March | Made entries on Monitoring and Reporting Form for each student. |
| First week in | Redesigned Parent and Teacher |

| | |
|---|---|
| April | Assessment Survey Instruments (Appendices E and F). |
| Third week in April | Wrote and mailed letter announcing EGS May Parent Workshop, "Planning for an Enriching Summer" (Appendix EE). |
| First two weeks of May | Held phone conferences with teachers regarding student's progress in school and recommendations for next year. |
| May 9 | Canceled EGS Workshop for Parents, lack of interest. |
| May 15 | Mailed newly revised Parent and Teacher Assessment Survey Instruments with cover letter (Appendices G and H). |
| Third week in May | Wrote and mailed year end Student Progress Reports (Appendix U) to parents and teachers. Made entries on Monitoring and Reporting Form for each student. Reviewed Chapters I, II, and III of Proposal, revised and expanded where needed. Typed final copy. Wrote additional material for Chapter IV, noted changes in practicum. Typed |

| | |
|---|---|
| | and proofread Chapter IV. |
| Last week in May | Scheduled and held conferences with parents regarding child's year end progress report. Analyzed results from returned assessment instruments. Tallied results. End of implementation period. Asked directors for final decision on whether communcation network would be adopted next year. Wrote, typed and proofread Chapter V. Made charts. Colleague proofread final practicum report. Duplicated and collated report. |
| May 29 | Mailed practicum report to Nova University and reviewer. |
| June 1 | Practicum report received by Nova University and reviewer. |
| June 8 | Disseminated abstract to Cluster XIII members at Wrap-Up Weekend. |
| June 15 | Approval of practicum by reviewer. |
| Last two weeks in June | Wrote article on communication network and submitted to Academic Therapy. Contacted local learning disability group, ACLD, in regard to |

workshop presentation on "Effective Communication and the Remedial Process"

F. Deviations From Original Plan of Action

Inservice Staff Training

Solution strategy option # 5 "Clinic Inservice Staff Training" was deleted from the practicum in September, 1984. It was determined by the management of the Clinic that this component was not an essential element for accomplishment of communication goals. The director's reasoning was that EGS is a small institution wherein the informal staff and management contacts were continuous and effective in the past. Therefore, there was no need to change and introduce a formalized procedure. Furthermore, the communication network established by the author was to be considered a pilot program involving only the author and management. It was to be expanded to all staff and students based on the results of the evaluation findings at the end of the school year.

Student Assessment Process

It was anticipated that significant student behavioral and remedial progress could be attained and measured on a monthly basis. However, given the dynamic nature of the

remedial process, starting with the child's diagnosed needs and constant program revisions as he progressed and the fact that there were only eight sessions per month it soon became apparent that this time frame did not permit the noting of sufficient student progress. Thus it became impossible to adhere to a strict one month schedule. Therefore the reporting period was lengthened to two months which proved to be an appropriate time period . It also coincided with several of the school report card periods.

Format and Content of Forms

The purpose of the communication network forms was to establish a standardized format for the recording, transmitting and receiving of information reflecting action taken or to be taken. The following matrix describes the minor modifications made to several of the forms submitted with the practicum proposal.

| Title | Modifications | Reasons for Change |
|---|---|---|
| Appendix B EGS Parent/ Teacher Work- shops Composite Assessment Form | Six columns added in place of letters, designating each workshop. | Portray and compare all the scores of orientation and workshops at a glance. |
| Appendix C | Extended form | Added months to reflect |

| | | |
|---|---|---|
| EGS Communication System Monitoring and Reporting Form | to cover period through May. | full year program. |
| | Changed form time interval. | See "Deviations" Section E, Chapter IV. |
| Appendix D EGS Communication System Monitoring and Reporting Composite Form | Same revisions as Appendix C. | Form must match companion form, Appendix C. |
| Appendix E EGS Communication System Parent Assessment Survey Form | Revised:removed "Orientation"section. | Redundant, duplicated orientation workshop assessment form. |
| | Removed Student Assessment Form questions. | Items covered by other feedback processes. |
| | Changed form time interval. | See "Deviations"Section E, Chapter IV. |
| | Simplified language. | Improved understanding by parents. |
| Appendix F EGS Communication System Teacher Assessment Survey | Revised: removed "Orientation "section. | Redundant,duplicated orientation workshop assessment form. |
| | Removed Student | Items covered by other |

2.5
2.8
2.2
3.2
2.0
3.6
4.0
100 mm
1.0
1.1
1.25
1.4
1.6
2.8
3.2
3.6
4.0
2.5
2.2
2.0
1.8
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz1234567890
ABCDEFGHIJKLMNOPQRSTUVWXYZ
abcdefghijklmnopqrstuvwxyz
1234567890
1.0 mm
1.5 mm
2.0 mm
A5
2.0
2.2
2.5
2.8
3.2
3.6
4.0
2.5
2.2
2.0
2.8
3.2
3.6
4.0

| | | |
|---|---|---|
| Form | Assessment Form Changed form time interval. Simplified language. | feedback processes. See "Deviations" Section E, Chapter IV. Improved understanding by parents. |
| Appendix I EGS Communication System Composite Parent Assessment Survey Form. | Same revisions Appendix G. Added "average score" column. | Form must match companion form, Appendix G. Enables reader to see group average score at a glance. |
| Appendix J EGS Communication System Composite Teacher Assessment Survery Form. | Same revisions Appendix H. Added "average score'column. | Form must match companion form, Appendix H. Enables reader to see group average score at a glance. |
| Appendices K,L and M: EGS Remediation Log; EGS Conference Log:Academic Performance; EGS Conference Log:Social | Format revised from structured to unstructured. | Management felt that unstructured format more appropriate. |

| | | |
|---|---|---|
| Behavior | | |
| Appendix N Director's Letter to Practicum Reviewer | Addition | Verification of Director's action |
| Appendix O EGS Student Assessment and Work Plan Form | Heading replaced by two separate headings: "Interfering Factors" and "Skill Areas Affected." | Eliminated educational jargon. Enhanced understanding. |
| Appendix P EGS Bimonthly Progress Report Form | Title changed. | Greater clarity. |
| Appendix Q Parent Cover Letter:Progress Report | Addition of cover letter. | Explanation of purpose of communication. |
| Appendix R Teacher Cover Letter: Progress Report. | Addition of cover letter. | Explanation of purpose of communication. |

| | | |
|---|---|---|
| Appendix S EGS Student Progress Parent Conference Form | Title changed. | Greater clarity. |
| Apppendices: AA, CC and EE:February EGS Parent Workshop;Friday Clinics and May EGS Parent Workshop | Addition | Notification of workshops. |

Orientation/Workshops

1. Schedule: Minor modifications were made, the first workshop was held one month later than planned and subsequently completed one month later.There were three major reasons for schedule revisions:

a) While management had embraced the concept of workshops at the start of the school year, the press of demanding operational considerations were such that the workshop review and approval processes were delayed until those matters could be resolved.

b) Management was not convinced that the cost of conducting workshops would result in bottom line profit for the institution. This issue was resolved by the author

assuming full responsibility for all costs associated with the workshop program.

c) Parents and teachers were not available as anticipated at the beginning of the school year to participate in the workshop content validation process. These changes in schedule did not impact on the effectiveness of the workshop component.

2. Number of workshops: The original schedule called for five workshops. In actuality, six were planned but only five were held as the last workshop was canceled due to lack of interest. An additional workshop was held on March 15. Positive parental feedback regarding the February 21 workshop encouraged management to offer a workshop on a Friday for both parents and teachers.

3. Workshop logistics: The original plan called for workshops to be conducted at the EGS facility during evening hours. During the pre-needs assessment process, teachers indicated that they preferred workshops to be conducted as an extension of the school day and located within their own facilities so as to accomodate their personal schedules. This request was accepted and workshops for teachers were conducted accordingly.

4. Content: The planned workshop subject matter and content was covered except for "Reporting Student Progress," a teacher workshop. After conducting a needs phone survey with selected teachers, the author found that this was not a

topic that teachers felt needed further elucidation. The following subject area "Working with your Preschool Child: Motor Activities and Language" was added based on a parent teacher needs assessment and feedback from previous workshops. Note: title of several workshops were changed based on pre-needs assessment of teachers and administrators, yet the content was similiar to previously planned workshops.

Orientation/Workshop Schedule

| Planned | | Actual | |
|---|---|---|---|
| Date | Content | Date | Content |
| 9/84 | Orientation: P. T. E. | | |
| 10/84 | "What is LD?" P. E. | 10/84 | Orientation: P. E. |
| 11/84 | "Motivating the underachieving LD student" P.T. E. | 11/84 | "Positive Reinforcers as Behavior Shapers" T. B |
| 12/84 | "Reporting Student Progress P.T.E. | | |
| 1/85 | "Living with your LD child" | 1/85 | "Identifying the student with special |

| | | | |
|---|---|---|---|
| | P.T.E. | | needs" |
| | | | T. G. |
| | | 1/85 | "Positive Reinforcers as Behavior Shapers" |
| | | | T.G. |
| | | 2/85 | Use of Positive Reinforcement and Structure in Home Behavior Management" |
| | | | P.E. |
| | | 3/85 | "Working with your Preschool Child: Motor Activities and Language" |
| | | | P.T.E. |
| 4/85 | "Planning for an Enriching Summer" | | |
| | P.E. | | |

KEY: Participants P= Parents T= Teachers

Location E= Educational Guidance Services

B= Brandeis Academy

G= Gateway Baptist Elementary School

# CHAPTER V

## RESULTS, CONCLUSIONS AND RECOMMENDATIONS

RESULTS:

The evaluation of the communication network project was threefold:

First, an assessment as to whether all the actors in the communication system followed the established sequence of activities and procedures to the degree stated in the objectives. This information, the findings, was presented on the Educational Guidance Services Monitoring and Reporting Composite form. A narrative concluding section was found immediately after the form.

Second, an assessment as to whether the communication network established by the Clinic enabled the parents, teachers and EGS staff to more effectively work as a team to support the LD child. This was measured by three forms: the Educational Guidance Services Parent/Teacher Workshop Assessment Forms and the Educational Guidance Services Communication System Parent Assessment Form and the Educational Guidance Services Communication Teacher Assessment Form A narrative concluding section was found immediately after each form.

Third, The decision of the directors of the Clinic that the communication network was cost effective and improved the ability of the Clinic to execute its role as a learning

disabilities remediation institution. A letter from the director to the practicum reviewer offered the reasons for the adoption of the communication network (Appendix N).

## EDUCATIONAL GUIDANCE SERVICES COMMUNICATION SYSTEM
## COMPOSITE MONITORING AND REPORTING FORM

| Areas Monitored | SEPT. | OCT. | NOV. | JAN. | FEB. | MAR. | MAY | ACTUAL AVERAGE SCORE | ANTICIPATED OUTCOME | VARIANCE | EXPLANATION |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Y | N | Y | N | Y | N | Y | N | Y | N | |
| SIX STUDENT ASSESSMENT AND WORK PLAN FORM | | | | | | | | | | | |
| a. Received by parents. | 20 | 0 | | | | | | 100% | 100% | 0 | Objective achieved |
| b. Understood by parents. | 21 | 0 | | | | | | 100% | 80% | +20% | Personal contact aided understandi |
| c. Received by teacher. | 15 | 0 | | | | | | 100% | 100% | 0 | Objective achieved |
| d. Understood by teacher. | 15 | 0 | | | | | | 100% | 80% | +20% | Personal contact aided understandi |
| 2. PARENT ORIENTATION | | | | | | | | | | | |
| a. Parent attended. | | 18 | 20 | | | | | 90% | N.E. | None | Objective should have been 80% |
| b. Understood content of Communication System. | | 21 | 0 | | | | | 100% | 90% | +10% | Parents committed to supporting ch |
| c. Agreed to participate in it. | | 20 | 0 | | | | | 100% | 90% | +10% | Parents committed to supporting ch |
| 3. 6 MONTHLY PROGRESS REPORT | | | | | | | | | | | |
| a. Received by parents | | | 21 | 20 0 | | 21 0 | 20 0 | 100% | 100% | 0 | Objective achieved |
| b. Understood by parents | | | 21 0 | 20 0 | | 21 0 | 20 0 | 100% | 90% | +10% | Personal contact aided understandi |
| c. Received by teacher. | | | 15 0 | 15 0 | | 15 0 | 15 0 | 100% | 100% | 0 | Objective achieved |
| d. Understood by teacher | | | 14 1 | 14 1 | | 13 1 | 13 1 | 93% | 83% | +10% | Personal contact aided understandi |
| 4. 3 MONTHLY PARENT CONFERENCE | | | | | | | | | | | |
| a. Parent satisfied with child's progress. | | | 15 1 | 15 1 | | 13 1 | 13 1 | 87% | 83% | +4% | Objective achieved |
| b. Parent will carry out support functions. | | | 14 1 | 15 1 | | 12 1 | 13 1 | 79% | 71% | +8% | Objective achieved |
| 5. BIMONTHLY PARENT CONFERENCE | | | | | | | | | | | |
| a) Teacher understands child's problem. | | | 14 1 | 14 1 | | 13 1 | 14 1 | 93% | 70% | +23% | Personal contact aided understandi |
| b. Teacher will carry out support functions. | | | 14 1 | 14 1 | | 14 1 | 14 1 | 93% | 80% | +13% | Personal contact aided understandi |
| 6. LE WORKSHOP | | | | | | | | | | | |
| a) Parent attended. | | | | | 16 1 | 8 12 | | 73% | 70% | -3% | Set too high, 60% more realistic |
| b) Teacher attended. | | | 12 3 | | 10 5 | | | 76% | 90% | +23% | Communication System was effective |
| | | | | | 12 2 | | | | | | |
| 7. FINAL PARENT AND TEACHER ASSESSMENT FORMS | | | | | | | | | | | |
| a) Received by parent. | | | | | | | 20 0 | 100% | N.E. | N.A. | Objective should have been 100% |
| b) Received by teacher. | | | | | | | 15 0 | 100% | N.E. | N.A. | Objective should have been 100% |
| c) Returned by parent. | | | | | | | 12 8 | 60% | N.E. | N.A. | Set too high, 50% more realistic |
| d) Returned by teacher. | | | | | | | 10 5 | 67% | N.E. | N.A. | Set too high, 30% more realistic |

%= 20 parents N= 15 teachers

N.E.= Not Estimated N.A.= Not Applicable

DATA SOURCE:

The data base for the above composite form was a compilation of the individual students' Monitoring and Reporting Forms.

1. a) Actual performance by author.
   b) Follow-up contacts by author.
   c) Actual performance by author
   d) Follow-up contacts by author.

2. a) Orientation sign in sheet and evaluation forms.
   b) Orientation and final parent assessment forms.

3. a) Actual performance by author.
   b) Follow-up contacts and final assessment forms.
   c) Actual performance by author.
   d) Contact Follow-up and final teacher assessment forms.

4. a) Parent contact and final evaluation forms.
   b) Follow-up and final assessment forms.

5. a) Follow-up contacts and final assessment forms.
   b) Follow-up contacts and final assessment forms.

6. a) Workshop sign in sheets and assessment forms.
   b) Workshop sign in sheets and assessment forms.

7. a) Actual performance by author.

   b) Actual performance by author.

   c) Forms received by author.

   d) Forms received by author.

FINDINGS:

All findings were displayed on the EGS Communication System Monitoring and Reporting Composite Form on the preceding pages.

CONCLUSIONS:

Of the 20 elements reported on the preceding chart for which findings have been reported :

| | | |
|---|---|---|
| A. | 4 | Met stated objectives |
| B. | 10 | Exceeded stated objectives |
| C. | 1 | Did not meet stated objectives |
| D. | 5 | Did not have objectives established |

A. The four elements where objectives were only achieved related to: 1) Management of communication process by Clinic and 2) Objectives which had been set at 100 percent achievement.

B. The ten instances where actual results exceeded anticipated outcomes had two basic common characteristics as they related to parents and teachers:1) Understanding of forms and procedures and 2) Agreement to cooperate and

support LD program. The reasons for overachievement in these areas could be attributed directly to the effectiveness of the entire commmunication network which developed rapport and mutually supportive relationships. Therefore, allowing the LD specialist,in a non-threatening manner, to assist the parents and teachers in understanding the various progress reports.

C. The one objective that was not achieved was "Parent Attendance at Workshops." The author believed that there were two causal factors for this: 1) Parents' perception of the value of the workshops to them and 2) Ability and willingness of the parents to invest their personal time and energy in attending workshops.

D. The five elements for which no anticipated outcome were established fell into two groups:

1.Parent Orientation attendance: Objectives were established as to what skills and knowledge the parents who attended would obtain. Based on this pilot program, it is reasonable to expect that in future years no more than 60 percent of parents contacted would attend the orientation.

2. The degree of parent and teacher participation in the program assessment: It is very difficult to set reasonable objectives for responses to be obtained from a mail-out survey instrument without extensive research into the target population's characteristics. Based on this pilot program's actual findings the objectives for this element as a

component of an institution's program should be 100 percent of assessment instruments received by parents and teachers and a 60 percent rate of return.

EDUCATIONAL GUIDANCE SERVICES PARENT/TEACHER WORKSHOP

COMPOSITE ASSESSMENT FORM

| | Orientation | Workshop 1 | Workshop 2 | Workshop 3 | Workshop 4 | Workshop 5 |
|---|---|---|---|---|---|---|
| 1. The workshop overall provided me with useful information. | 2.0 | 1.6 | 1.6 | 1.8 | 1.6 | 2.0 |
| 2. The workshop topic was applicable to my child. | 2.0 | 1.4 | 1.5 | 1.8 | 1.7 | 1.8 |
| 3. The presenter was well prepared. | 2.0 | 1.8 | 2.0 | 2.0 | 1.7 | 2.0 |
| 4. The presenter used visual aids that related to the topic. | 1.4 | .8 | 1.8 | 1.0 | .7 | 1.7 |
| 5. The presenter was able to answer my questions. | 2.0 | 1.7 | 2.0 | 2.0 | 1.7 | 1.8 |
| 6. The presenter encouraged group discussion. | 2.0 | 1.7 | 1.7 | 1.8 | 2.0 | 1.8 |
| 7. The workshop provided materials and/or books that I found helpful. | 2.0 | 1.3 | 1.2 | 1.8 | 1.7 | 1.8 |
| 8. Workshops of this nature should continue throughout the year. | 2.0 | 1.2 | 1.2 | 1.8 | 1.8 | 1.7 |
| 9. If scheduled,I would attend future workshops | 1.8 | 1.2 | 1.4 | 1.8 | 2.0 | 1.8 |
| 10 This workshop improved communication between the Clinic and myself. | 2.0 | 1.6 | 1.6 | 2.0 | 1.6 | 1.8 |

Rating Scale: STRONGLY AGREE 2.0 AGREE 1.0 UNCERTAIN 0 DISAGREE -1.0 STRONGLY DISAGREE -2.0

DATA BASE:

All Parent/Teacher Workshop Assessment Forms received at the conclusion of orientation and workshops.

FINDINGS:

All findings were displayed in the preceding chart.

CONCLUSIONS:

The orientation and each of the five workshops were rated as achieving their objectives by the participants. Furthermore, on the two elements that dealt with continuation of the workshops (items # 7 and 8) participants strongly endorsed this concept. While it is impossible to draw a causal relationship between the subject matter covered in the workshops and the effectiveness of the communication network, certainly success of the practicum was attributable to the good will and rapport established at the workshop sessions. The element most reponsible for the institutionalization of the pilot practicum was the positive responses to the workshops by Clinic management as evidenced by the offering of additional workshops (Appendix CC) and the comments of the Clinic director in regard to the system's adoption and implemention (Appendix N).

EDUCATIONAL GUIDANCE SERVICES COMMUNICATION SYSTEM COMPOSITE
PARENT ASSESSMENT FORM



| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE | NOT APPLICABLE | AVERAGE SCORE |
|---|---|---|---|---|---|---|
| 1. PROGRESS REPORTS The periodic progress reports helped me understand my child's specific LD problems. | 7 | 5 | | | | 1.5 |
| 2. The Work Plan helped me know what sort of work my child would be doing during his sessions. | 9 | 3 | | | | 1.2 |
| 3. These reports were well organized and the content easily understood. | 10 | 2 | | | | 1.0 |
| 4. The semi-annual report explained patterns over a longer period of time. | 5 | 6 | 1 | | | 1.5 |
| 5. PERIODIC CONFERENCES I was able to get answers to my concerns about my child's progress. | 8 | 4 | | | | 1.3 |
| 6. It was helpful to be able to discuss both school and Clinic matters at one conference. | 6 | 5 | | 1 | | 1.5 |
| 7. The conference helped me carry out agreed upon remedial home activities. | 5 | 7 | | | | 2.0 |
| 8. CLINIC SUPPORT The Clinic assisted me in providing an overall supportive atmosphere for my child. | 10 | 2 | | | | 1.1 |
| 9. I felt more confident in dealing with my child's teacher about his work. | 4 | 8 | | | | 1.6 |
| 10. OVERALL ASSESSMENT I better understood the LD remedial program. | 10 | 2 | | | | 1.1 |
| 11. The Clinic had a sincere concern for its students and parents. | 8 | 4 | | | | 1.3 |
| 12. I would recommend the Clinic to others. | | | | | | 1.0 |

EDUCATIONAL GUIDANCE SERVICES COMMUNICATION SYSTEM COMPOSITE
TEACHER ASSESSMENT FORM

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE | NOT APPLICABLE | AVERAGE SCORE |
|---|---|---|---|---|---|---|
| 1. PROGRESS REPORTS The periodic progress reports helped me understand my student's specific LD problems. | 3 | 6 | 1 | | | 1.8 |
| 2. The progress report kept me informed of my student's progress at the Clinic. | 3 | 6 | 1 | | | 1.8 |
| 3. These reports were well organized and the content easily understood. | 4 | 6 | | | | 1.6 |
| 4. PERIODIC CONFERENCES I was able to get answers to my concerns about my student's progress. | 5 | 5 | | | | 1.5 |
| 5. It was helpful to discuss both school and Clinic matters at one time. | 1 | 9 | | | | 1.9 |
| 6. The conference helped support the LD student. | 1 | 8 | 1 | | | 2.0 |
| 7. The conference gave me an opportunity to discuss home behavior problems. | 1 | 7 | 1 | 1 | | 2.3 |
| 8. CLINIC SUPPORT The Clinic assisted me in providing an overall supportive atmosphere for the LD student. | 3 | 7 | | | | 1.7 |
| 9. I feel more confident in dealing with the LD child. | 1 | 7 | 2 | | | 2.2 |
| 10. OVERALL ASSESSMENT I better understood the LD remedial program for my student. | 2 | 7 | 1 | | | 1.9 |
| 11. The Clinic had a sincere concern for its students and their teachers. | 6 | 4 | | | | 1.4 |
| 12. I would recommend the Clinic to parents who had a child with LD problems. | 2 | 8 | | | | 1.8 |

N= 15 teachers 10 respondents 67% rate of return

DATA BASE:

The returned Parent and Teacher Assessment Forms served as the basis for evaulation.

FINDINGS:

The distribution of ratings and the average score were displayed on the preceding charts. Any score 1.5 or less (strongly agree category) represented very positive feedback. Any item with a score of 2.0 or more (less than agree) represented a less than positive response. Any score between 1.6 through 1.9 (positive agreement) represented the anticipated outcome of the project.

PARENT ASSESSMENT FORMS: Twenty forms were mailed and 12 were returned. This represented a 60 percent response rate. Based on established evaluation criteria, the following areas positively exceeded the anticipated objectives.

Of the 12 items on the survey form ten items fell in the 1.5 or less range which indicated that in these ten areas the project's objectives were exceeded.

One item fell in the 1.6 through 1.9 range that was "I felt more confident in dealing with my child's teacher about his work." This demonstrated that the objective was achieved.

Only one item,"The conference helped me carry out agreed up remedial home activities" with a score of 2.0 did not fully meet anticipated objectives.

TEACHER ASSESSMENT FORMS: Fifteen forms were mailed and ten were returned. This represented a 67 percent response rate.

Two items, "The progress reports" and "The ability to understand the LD child" were rated in the 1.5 or less range, which indicated positive achievement, above expected outcomes

Six items were rated 1.6 through 1.9, this indicated that anticipated objectives were achieved.

Four items,"Conferences helped me support the LD student" 2.0, "Conferences gave me an opportunity to discuss home behavior problems" 2.3, "Clinic assisted me in providing an overall supportive atmosphere for the LD student" 2.0, and "I feel more confident now in dealing with the LD child" 2.1 were reported by teachers as not meeting anticipated objectives of the project.

CONCLUSIONS:

In comparing the ratings of the program by both parents and teachers the following conclusions were drawn:

1. The program met the needs of the parents more satisfactorily than the needs of the teachers.

2. There was positive correlation between the two items, numbers 3 and 11, that both parents and teachers rated as exceeding objectives.

3. There was a positive correlation on one item, number 7, as both parents and teachers reported this item was not met.

INSTITUTIONALIZATION OF THE PRACTICUM

The Clinic directors decided that results achieved during the practicum as measured by the evaluation processes were wholly satisfactory and beneficial to parents,teachers, Clinic and students (Appendix N). Therefore, the program has been integrated into the Clinic operating procedures for next year.

UNINTENDED CONSEQUENCES

In reviewing the records prior to the implmentation of the communication network, it was found that there were few formalized procedures for recording and follow-up by staff of informal personal contacts by parents and teachers. As a result of this system with its forms, this became an ongoing systemitized process. The staff member involved in this project saw a substantial increase in use of the informal interactive network, i.e. teachers calling the Clinic before discussing problems with the parents and parents talking with the clinician before discussing the problem with the teacher. Teachers and parents appeared more open and

willing to have the Clinic become involved than in previous years. By establishing a formal network and having staff exhibit a willingness to be available to assist parents and teachers with their problems, the number of informal contacts increased substantially. The role of the Clinic was seen as an available expert resource for parents and teachers which enhanced their ability to deal with the LD child.

RECOMMENDATIONS

The following recommendations were intended for other early childhood/learning disability professionals who anticipate utilizing the program described in this report.

1. More effort needed to be directed to inform and persuade the management of the educational system of the need for and value of a communications network. Furthermore, a firm commitment, possibly in writing, needed to be obtained for each element of the program prior to the start of the pilot program.

2. Once the program was begun, parents and teachers participation and support grew based on involvment. However, it was essential that parents and teachers be 'sold' in advance as to the values of this program to them. Some techniques that might have been utilized would be: developing a parent-teacher steering committee; using the student's to influence their parents/teachers to attend

workshops, including the use of incentives and publicizing events and testamonials in a periodic newsletter.

DISSEMINATION OF THE PROJECT

The author is exploring the following options:

1. Publication of a "How-To-Do-It" manual.

2. Publication of a summary of this paper in a professional journal, Academic Therapy.

3. Development of a case study to be incoporated into the curriculum of Nova University's G.E.M. programs.

4. A presentation based on this program to various learning disability or parents organizations

5. Provision of staff training, through a consultant's contract for directors of private educational institutions.

SUMMARY

Many experts in education, management, public administration, and other people oriented fields have expressed the view that communication is the central factor to the success of all ventures. This practicum demonstrated the validity of that concept in a specialized educational setting. For a formalized communication system to be successful and achieve its objectives required that it be administrated with the spirit and commitment to humanize values based on the worth of the individual and the importance of the individual's contibutions to society.

## REFERENCES

Agard, J. and Barry, S. (1982). First steps to parent notification; a guide for school administrators. (ERIC Document Reproduction Service No. ED 224 262)

Allen, K.E. (1981). The parent-teacher partnership in programs for young children. (ERIC Document Reproduction Service No.ED 226 863)

Barnes, D.(1972).Structuring communication with parents: participation in common terms. California University:Los Angles Center for Study of Evalution. (ERIC Document Reproduction Service No. ED 071 180)

Beale, A. and Beers, C. S. (1982). What do you say to parents after you say hello? Teaching Exceptional Children, 15, 34-38.

Becker, J. H. and Epstein, J. (1982). Parent involvement: a survey of teacher practices. The Elementary School Journal,83, 103-113.

Beers, Marley,et.al.(1982). Parent involvment in day care: a resource manual for day care providers. Creative Associatives Inc., Washington,D.C. (ERIC Document Reproduction Service No. ED 221 293)

Bell,C. and others. (1982) Communication with parents:special needs children in family dy care. (ERIC Document Reproduction Service No. ED 229 923)

Biklen, D. and Searl, S. (1981) Parent involvement: a practical guide about how to involve parents of children with disabilities in the public schools. (ERIC Document Reproduction Service No. ED 224 233)

Bronfenbrenner, U. (1974) Is early intervention effective? A report on longitudinal evaluation of preschool programs. Washington, D.C.: Office of Child Development.

Cervone, B.T. and O'Leary, K. (1982, November). A conceptual framework for parent involvement. Educational Leadership,39, 48-49.

Covert, R. and Suarez,T. (1982). Constructing Questionnaires for early childhood special education programs. (ERIC Document Reproduction Service No. ED 229 932)

Criscuolo, N. (1980). Effective ways to communicte with parents about reading. Reading Teacher, 34, 164-166.

Cummings, R. and Maddux, C. (1983, November). How to get parents involved in your program. Academic Therapy, 19, 227-233.

Dade County Industrial Development Authority Report.(1984).Dade County,Florida

Dade County Planning Department Report.(1983). Dade County, Florida.

Dickson, R. and Di Paola, T. (1980) Parents perception of participation in developing the I.E.P. (ERIC Document Reproduction Service No. ED 223 056).

Ellenburg, F.C. and Lanier, N.J. (1984, May). Interacting effectively with parents. Childhood Education, 60, 315-318.

Fredericks, A. and Harrington, A. et al. (1983, November). How to talk to parents and get the message home. Instructor,93, 64-69.

Froehle, T.(1981). Communicating with parents of handicapped students In C.Hines (Ed.) Counseling the Handicapped Client: A Series of Training Models. (ERIC Document Reproduction Service No.ED 224 207)

Garcia,A. et al. (1975). Communicating and working with parents. San Francisco,CA: Far West Lab for Eduational Research and Development. (ERIC Document Reproduction Service No. ED 129 456)

Gifford, Ida. (1978). Developing channels of communication. (ERIC Document Reproduction Service No. ED 157 035)

Grimmett, S. and Mc Coy, M. (1980,December). Effects of parental communication on reading performance of third grade children. Reading Teacher,34, 303-308.

Haas, A.(1984, April,10). Access your complaints about core-dumping here. Miami Herald, p.1D.

Hackensack Public Schools, New Jersery.(1973). Home-school interaction:project LEM. (ERIC Document Reproduction Service No.ED 105 618)

Holcomb, T. F.,Shearer,L., and Thro, E. (1982, December). The layperson's library: a tool for reaching, teaching

parents. Elementary School Guidance and Counseling, 17, 108-112.

Honig, A. (1981). Working in partnership with parents of handicapped children. In The Infant Symposium: Educating Young Handicapped Children:Proceedings. Johns Hopkins University. (ERIC Document Reproduction Service No. ED 224 251)

Indiana State Department of Public Instruction. (1980, July). Parents-schools: a good relationship. Instructional Guide for Parents. Indianapolis, Indiana.

Kelly, F. J. (1981, November) Guiding groups of parents of young children. Young Children, 36, 28-32.

Kroth, R. (1975). Communicating with parents of exceptional children: improving parent/teacher relationships. Denver, Colorado: Love Publishing Company.

Lapides, E. and Lapides, J. (1981). Sourcebook for winning ways to work with adults and sourcebook for strategies for increasing parental involvement in Head Start. (ERIC Document Reproduction Service No. ED 216 771)

Lipton, D. (1984). Parents and professionals. In M. Peters and N. Harding (Eds.) Building an Alliance for Children: Parents and Professionals. (ERIC Document Reproduction Service No. ED 229 950)

Lockavitch, J. Jr. (1983, November). "Parent" remember the word before a difficult conference. Academic Therapy, 19,199-203.

Macrum, S.E. and Williams,B. (1984, May-June). Closing the communication gap. ACLD Newbriefs, 155, 5.

Moles, O.(1982). Synthesis of recent research on parent participation in children's education. Educational Leadership, 40, 44-47.

Norwood, G. (1983). Parent participation promotes progress. (ERIC Document Reproduction Service No. ED 227 956)

Oviatt, M. (1984, March 4,). School conferences-be in control! ACLD Newsbriefs,154, 8.

Pattison, B. (1984). The early years and now: the history of parent advocacy movement. In M. Peters and N. Harding (Eds.) Building and Alliance for Children: Parents and

Professionals. (ERIC Document Reproduction Service No. ED 229 950)

Peeples, L. (1984,May). Formulating a structured telephone interview: an intervention technqiue in increasing cooperation among non-cooperative parents. (Doctoral Dissertation, Georgia State University,1983) Dissertation Abstracts International, 44,333-A.

Peters, M. and Noel M. (1984). Parents perspectives about professionals and parent cooperation. In M. Peters and N. Harding (Eds). Building an Alliance for Children: Parents and Professionals. (ERIC Document Reproduction Service No. ED 229 950)

Pope, L. (1980, March). Clinician and parents:partners for change. Academic Therapy, 15,389-398.

Rowell, J. C.(1981, February). The five rights of parents. Phi Delta Kappan, 62, 441-443.

Sales and Market Management(1984). Survey of current buying power:1961-1983.

Seeley, D. S. (1982, November). Education through partnership. Educational Leadership, 39, 42-43.

Valle, J. and Sudman, C. (1984, May-June). Teacher teaching parents. ACLD Newsbriefs, 155, 19.

Wiesendanger, K. (1983). Parent-teacher communication: practical suggestions on how to effectively begin the process. (ERIC Document Reproduction Service No. ED 234 366)

Wright, J. (1984). An integrative model of parental involvement. In M.Peters and N. Harding (Eds.) Building an Alliance for Children: Parents and Professionals. (ERIC Document Reproduction Service No.ED 229 950)

APPENDIX A

EGS PARENT/TEACHER WORKSHOP ASSESSMENT FORM

EDUCATIONAL GUIDANCE SERVICES PARENT/TEACHER WORKSHOP
ASSESSMENT FORM

PLEASE INDICATE ANSWER BY CIRCLING THE LETTER WHICH REPRESENTS AGREEMENT OR DISAGREEMENT FOR THE FOLLOWING STATEMENTS.

| | STRONGLY AGREE | AGREE | UNCERTAIN | DISAGREE | STRONGLY DISAGREE |
|---|---|---|---|---|---|
| 1. The workshop overall provided me with useful information. | A | B | C | D | E |
| 2. The workshop topic was applicable to my child. | A | B | C | D | E |
| 3. The presenter was well prepared. | A | B | C | D | E |
| 4. The presenter used visual aids that related to the topic. | A | B | C | D | E |
| 5. The presenter was able to answer my questions. | A | B | C | D | E |
| 6. The presenter encouraged group discussion. | A | B | C | D | E |
| 7. The workshop provided materials and/or books that I found helpful. | A | B | C | D | E |
| 8. Workshops of this nature should continue throughout the year. | A | B | C | D | E |
| 9. If scheduled, I would attend future workshops. | A | B | C | D | E |
| 10 This workshop improved communication between the Clinic and myself. | A | B | C | D | E |

APPENDIX B

EGS PARENT/TEACHER WORKSHOP COMPOSITE ASSESSMENT FORM

EDUCATIONAL GUIDANCE SERVICES PARENT/TEACHER WORKSHOP
COMPOSITE ASSESSMENT FORM

| | Orientation | Workshop 1 | Workshop 2 | Workshop 3 | Workshop 4 | Workshop 5 |
|---|---|---|---|---|---|---|
| 1. The workshop overall provided me with useful information. | | | | | | |
| 2. The workshop topic was applicable to my child. | | | | | | |
| 3. The presenter was well prepared. | | | | | | |
| 4. The presenter used visual aids that related to the topic. | | | | | | |
| 5. The presenter was able to answer my questions. | | | | | | |
| 6. The presenter encouraged group discussion. | | | | | | |
| 7. The workshop provided materials and/or books that I found helpful. | | | | | | |
| 8. Workshops of this nature should continue throughout the year. | | | | | | |
| 9. If scheduled, I would attend future workshops. | | | | | | |
| 10 This workshop improved communication between the Clinic and myself. | | | | | | |

Rating Scale: STRONGLY AGREE 2.0 AGREE 1.0 UNCERTAIN 0 DISAGREE -1.0 STRONGLY DISAGREE -2.0

# APPENDIX C

## EGS COMMUNICATION SYSTEM MONITORING AND REPORTING FORM

EDUCATIONAL GUIDANCE SERVICES COMMUNICATION SYSTEM
MONITORING AND REPORTING FORM

STUDENT_____

| | SEPT. | | OCT. | | NOV. | | JAN. | | FEB. | | MAR. | | MAY | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N |
| 1. EGS STUDENT ASSESSMENT AND WORK PLAN FORM | | | | | | | | | | | | | | |
| a) Received by parents. | | | | | | | | | | | | | | |
| b) Understood by parents. | | | | | | | | | | | | | | |
| c) Received by teacher. | | | | | | | | | | | | | | |
| d) Understood by teacher. | | | | | | | | | | | | | | |
| 2. PARENT ORIENTATION | | | | | | | | | | | | | | |
| a) Parent attended. | | | | | | | | | | | | | | |
| b) Understood contact follow-up system. | | | | | | | | | | | | | | |
| c) Agreed to participate in it. | | | | | | | | | | | | | | |
| 3. BIMONTHLY PROGRESS REPORT | | | | | | | | | | | | | | |
| a) Received by parents. | | | | | | | | | | | | | | |
| b) Understood by parents | | | | | | | | | | | | | | |
| c) Received by teacher | | | | | | | | | | | | | | |
| d) Understood by teacher. | | | | | | | | | | | | | | |
| 4. BIMONTHLY PARENT CONFERENCE | | | | | | | | | | | | | | |
| a) Parent satisfied with child's progress. | | | | | | | | | | | | | | |
| b) Parent will carry out support functions. | | | | | | | | | | | | | | |
| 5. BIMONTHLY PARENT CONFERENCE | | | | | | | | | | | | | | |
| a) Teacher understands child's LD problem. | | | | | | | | | | | | | | |
| b) Teacher will carry out support functions. | | | | | | | | | | | | | | |
| 6. LD WORKSHOPS | | | | | | | | | | | | | | |
| a) Parent attended. | | | | | | | | | | | | | | |
| b) Teacher attended. | | | | | | | | | | | | | | |
| 7. FINAL PARENT AND TEACHER ASSESSMENT FORMS | | | | | | | | | | | | | | |
| a) Received by parent. | | | | | | | | | | | | | | |
| b) Received by teacher. | | | | | | | | | | | | | | |
| c) Returned by parent. | | | | | | | | | | | | | | |
| d) Returned by teacher. | | | | | | | | | | | | | | |

COMMENTS:

APPENDIX D

EGS COMMUNICATION SYSTEM MONITORING &
REPORTING COMPOSITE FORM

EDUCATIONAL GUIDANCE SERVICES COMMUNICATION SYSTEM
COMPOSITE MONITORING AND REPORTING FORM

Y=Yes N=No

| | SEP | | OCT | | NOV | | JAN | | FEB | | MAR | | MAY | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N | Y | N |
| 1. EGS STUDENT ASSESSMENT AND WORK PLAN FORM | | | | | | | | | | | | | | |
| a) Received by parents. | | | | | | | | | | | | | | |
| b) Understood by parents. | | | | | | | | | | | | | | |
| c) Received by teacher. | | | | | | | | | | | | | | |
| d) Understood by teacher. | | | | | | | | | | | | | | |
| 2. PARENT ORIENTATION | | | | | | | | | | | | | | |
| a) Parent attended. | | | | | | | | | | | | | | |
| b) Understood contact follow-up system. | | | | | | | | | | | | | | |
| c) Agreed to participate in it. | | | | | | | | | | | | | | |
| 3. BIMONTHLY PROGRESS REPORT | | | | | | | | | | | | | | |
| a) Received by parents | | | | | | | | | | | | | | |
| b) Understood by parents | | | | | | | | | | | | | | |
| c) Received by teacher. | | | | | | | | | | | | | | |
| d) Understood by teacher | | | | | | | | | | | | | | |
| 4. BIMONTHLY PARENT CONFERENCE | | | | | | | | | | | | | | |
| a) Parent satisfied with child's progress. | | | | | | | | | | | | | | |
| b) Parent will carry out support functions. | | | | | | | | | | | | | | |
| 5. BIMONTHLY PARENT CONFERENCE | | | | | | | | | | | | | | |
| a) Teacher understands child's LD problem. | | | | | | | | | | | | | | |
| b) Teacher will carry out support functions. | | | | | | | | | | | | | | |
| 6. LD WORKSHOPS | | | | | | | | | | | | | | |
| a) Parent attended. | | | | | | | | | | | | | | |
| b) Teacher attended. | | | | | | | | | | | | | | |
| 7. FINAL PARENT AND TEACHER ASSESSMENT FORMS | | | | | | | | | | | | | | |
| a) Received by parent. | | | | | | | | | | | | | | |
| b) Received by teacher. | | | | | | | | | | | | | | |
| c) Returned by parent. | | | | | | | | | | | | | | |
| d) Returned by teacher. | | | | | | | | | | | | | | |

# APPENDIX E

## EGS COMMUNICATION SYSTEM PARENT ASSESSMENT FORM

## PARENT ASSESSMENT FORM

The purpose of this survey is to ask your opinion of the effectiveness of the communication system at Educational Guidance Services (Clinic).

DIRECTIONS: PLEASE INDICATE ANSWER BY CIRCLING THE LETTER WHICH REPRESENTS AGREEMENT OR DISAGREEMENT FOR THE FOLLOWING STAEMENTS.

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE | NOT APPLICABLE | AVERAGE SCORE |
|---|---|---|---|---|---|---|
| 1. PROGRESS REPORTS The periodic progress reports helped me understand my child's specific LD problems. | A | B | C | D | E | F |
| 2. The Work Plan helped me know what sort of work my child would be doing during his sessions. | A | B | C | D | E | F |
| 3. These reports were well organized and the content easily understood. | A | B | C | D | E | F |
| 4. The semi-annual report explained patterns over a longer period of time. | A | B | C | D | E | F |
| 5. PERIODIC CONFERENCES I was able to get answers to my concerns about my child's progress. | A | B | C | D | E | F |
| 6. It was helpful to be able to discuss both school and Clinic matters at one conference. | A | B | C | D | E | F |
| 7. The conference helped me carry out agreed upon remedial home activities. | A | B | C | D | E | F |
| 8. CLINIC SUPPORT The Clinic assisted me in providing an overall supportive atmosphere for my child. | A | B | C | D | E | F |
| 9. I felt more confident in dealing with my child's teacher about his work. | A | B | C | D | E | F |
| 10. OVERALL ASSESSMENT I better understood the LD remedial program. | A | B | C | D | E | F |
| 11. The Clinic had a sincere concern for its students and parents. | A | B | C | D | E | F |
| 12. I would recommend the Clinic | A | B | C | D | E | F |

# APPENDIX F

## EGS COMMUNICATION SYSTEM TEACHER ASSESSMENT FORM

EDUCATIONAL GUIDANCE SERVICES COMMUNICATION SYSTEM
TEACHER ASSESSMENT FORM

The purpose of this survey is to ask your opinion of the effectiveness of the communication system at Educational Guidance Service (Clinic).

DIRECTIONS: PLEASE INDICATE ANSWER BY CIRCLING THE LETTER WHICH REPRESENTS AGREEMENT OR DISAGREEMENT FOR THE FOLLOWING STATEMENTS.

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE | NOT APPLICABLE | AVERAGE SCORE |
|---|---|---|---|---|---|---|
| 1. PROGRESS REPORTS The periodic progress reports helped me understand my student's specific LD problems. | A | B | C | D | E | F |
| 2. The progress report kept me informed of my student's progress at the Clinic. | A | B | C | D | E | F |
| 3. These reports were well organized and the content easily understood. | A | B | C | D | E | F |
| 4. PERIODIC CONFERENCES I was able to get answers to my concerns about my student's progress. | A | B | C | D | E | F |
| 5. It was helpful to discuss both school and Clinic matters at one time. | A | B | C | D | E | F |
| 6. The conference helped support the LD student. | A | B | C | D | E | F |
| 7. The conference gave me an opportunity to discuss home behavior problems. | A | B | C | D | E | F |
| 8. CLINIC SUPPORT The Clinic assisted me in providing an overall supportive atmosphere for the LD student. | A | B | C | D | E | F |
| 9. I felt more confident in dealing with the LD child. | A | B | C | D | E | F |
| 10. OVERALL ASSESSMENT I better understood the LD remedial program for my student. | A | B | C | D | E | F |
| 11. The Clinic had a sincere concern for its students and their teachers. | A | B | C | D | E | F |
| 12. I would recommend the Clinic to parents who had a child with LD problems. | A | B | C | D | E | F |

APPENDIX G

COVER LETTER FOR PARENT ASSESSMENT FORM

Educational Guidance Services INC
P.O. Box 557281
Miami, Fl. 33255

DIRECTORS

I H Wills M.S.Ed

Norma Sachs, Ed.D

Lenore Van Wagner, P.A.

Dear

During the past year Educational Guidance Services has instituted on a pilot basis several parent support activities to help develop a better team approach towards upgrading our students' capabilities to function more effectively in the real world environment.

As you were one of the parents who participated in this program, I am very anxious to get your feedback on what we have done well and where we have to try harder. I would appreciate your taking a few minutes to complete the enclosed questionnaire and return it to me in the enclosed self-addressed,stamped envelope.

If you have any questions about the parent support program please contact me at 264-6700 or at 221-1148 during the evening. Your prompt response to this request will be appreciated so that Educational Guidance Services can determine if the pilot program should be extended to all students.

Sincerely yours,

Frances L. Sachs

Frances L. Sachs

LD Specialist

APPENDIX H

COVER LETTER FOR TEACHER ASSESSMENT FORM

Educational Guidance Services INC
P. O. Box 567251
Miami, Fl. 33255

DIRECTORS

Diagnostic
I. H. Wills, M.S.Ed.

Curriculum
Norma Sachs, Ed.D.

Administration
Lenore Von Wagner, B.A.

Dear

During the past year Educational Guidance Services has instituted on a pilot basis several teacher support activities to help develop a better team approach towards upgrading our students' capabilities to function more effectively in the real world environment.

As you were one of the teachers who participated in this program, I am very anxious to get your feedback on what we have done well and where we have to try harder. I would appreciate your taking a few minutes to complete the enclosed program assessment form and return it to me in the enclosed self-addressed, stamped envelope.

If you have any questions about the teacher support program please contact me at 264-6700 or at 221-1148 during the evening. Your prompt response to this request will be appreciated so that Educational Guidance Services can determine if the pilot program should be extended to all students.

Sincerely yours,

Frances L. Sachs

Frances L. Sachs

LD Specialist

# APPENDIX I

## EGS COMPOSITE PARENT ASSESSMENT FORM

EDUCATIONAL GUIDANCE SERVICES COMMUNICATION SYSTEM COMPOSITE
PARENT ASSESSMENT FORM

| | STRONG-LY AGREE | AGREE | DISAGREE | STRONG-LY DIS-AGREE | NOT APPLI-CABLE | AVER-AGE SCORE |
|---|---|---|---|---|---|---|
| 1. PROGRESS REPORTS The periodic progress reports helped me understand my child's specific LD problems. | | | | | | |
| 2. The Work Plan helped me know what sort of work my child would be doing during his sessions. | | | | | | |
| 3. These reports were well organized and the content easily understood. | | | | | | |
| 4. The semi-annual report explained patterns over a longer period of time. | | | | | | |
| 5. PERIODIC CONFERENCES I was able to get answers to my concerns about my child's progress. | | | | | | |
| 6. It was helpful to be able to discuss both school and Clinic matters at one conference. | | | | | | |
| 7. The conference helped me carry out agreed upon remedial home activities. | | | | | | |
| 8. CLINIC SUPPORT The Clinic assisted me in providing an overall supportive atmosphere for my child. | | | | | | |
| 9. I felt more confident in dealing with my child's teacher about his work. | | | | | | |
| 10. OVERALL ASSESSMENT I better understood the LD remedial program. | | | | | | |
| 11. The Clinic had a sincere concern for its students and parents. | | | | | | |
| 12. I would recommend the Clinic to others. | | | | | | |

APPENDIX J

EGS COMPOSITE TEACHER ASSESSMENT FORM

EDUCATIONAL GUIDANCE SERVICES COMMUNICATION SYSTEM COMPOSITE
TEACHER ASSESSMENT FORM

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE | NOT APPLICABLE | AVERAGE SCORE |
|---|---|---|---|---|---|---|
| 1. PROGRESS REPORTS The periodic progress reports helped me understand my student's specific LD problems. | | | | | | |
| 2. The progress report kept me informed of my student's progress at the Clinic. | | | | | | |
| 3. These reports were well organized and the content easily understood. | | | | | | |
| 4. PERIODIC CONFERENCES I was able to get answers to my concerns about my student's progress. | | | | | | |
| 5. It was helpful to discuss both school and Clinic matters at one time. | | | | | | |
| 6. The conference helped support the LD student. | | | | | | |
| 7. The conference gave me an opportunity to discuss home behavior problems. | | | | | | |
| 8. CLINIC SUPPORT The Clinic assisted me in providing an overall supportive atmosphere for the LD student. | | | | | | |
| 9. I fell more confident in dealing with the LD child. | | | | | | |
| 10. OVERALL ASSESSMENT I better understood the LD remedial program for my student. | | | | | | |
| 11. The Clinic had a sincere concern for its students and their teachers. | | | | | | |
| 12. I would recommend the Clinic to parents who had a child with LD problems. | | | | | | |

# APPENDIX K

## EGS REMEDIAL LOG SHEET

NAME:

| Date: | Attitude: | Effort: | Attention: |
|---|---|---|---|
| | | | |

| Date: | Attitude: | Effort: | Attention: |
|---|---|---|---|
| | | | |

| Date: | Attitude: | Effort: | Attention: |
|---|---|---|---|
| | | | |

| Date: | Attention: | Effort: | Attention: |
|---|---|---|---|
| | | | |

NAME:

| Date: | Attitude: | Effort: | Attention: |
|---|---|---|---|
| | | | |

| Date: | Attitude: | Effort: | Attention: |
|---|---|---|---|
| | | | |

| Date: | Attitude: | Effort: | Attention: |
|---|---|---|---|
| | | | |

| Date: | Attention: | Effort: | Attention: |
|---|---|---|---|
| | | | |

APPENDIX L

EGS CONFERENCE LOG SHEET: ACADEMIC PERFORMANCE

EDUCATIONAL GUIDANCE SERVICES, INC.

CONFERENCE LOG

Requester_____

Date_____

For_____

Time:

Charge:

.....

Re:

Disposition:

APPENDIX M

EGS CONFERENCE LOG SHEET: SOCIAL BEHAVIOR

EDUCATIONAL GUIDANCE SERVICES, INC.

CONFERENCE LOG

Requester_____

Date_____

For_____

Time:
Charge:

.....

Re:

Disposition:

# APPENDIX N

## DIRECTOR'S LETTER TO PRACTICUM REVIEWER

Educational Guidance Services INC
P.O. Box 557251
Miami, Fl. 33255

DIRECTORS

Diagnostic
I H Wills M S Ed

Curriculum
Norma Banas Ed D

Administration
Lenore Von Wiesse, B.A.

May 22, 1985

Dear Dr. Salce:

After reviewing the results of the communication network practicum executed by Mrs. Sachs during the academic year 1984-1985, including the evaluation of the system by parents and teachers, the Clinic management has decided to incorporate the practicum's salient features into out existing student case management system. We believe this system is a cost effective method for enhancing student progress and establishing good will with parents and teachers.

Educational Guidance Services will institute the following communication network components:

1. Annual parent/teacher orientation.
2. Periodic parent/teacher workshops similiar to and including subjects covered in the pilot program.
3. The Student Assessment and Work Plan Form and periodic Bimonthly Student Progress Forms.
4. The Contact Follow- Up System.
5. Annual assessment of the efffectiveness of the communication network as feedback for program improvement.
6. Clinic management will provide staff training, leadership and guidance to make certain that these communication techniques become integrated into the institutional environment and overall parental support system.

Respectfully yours,

Norma Banas, Ed.D., Director

APPENDIX O

EGS STUDENT ASSESSMENT AND WORK PLAN FORM

EDUCATIONAL GUIDANCE SERVICES STUDENT ASSESSMENT AND WORK PLAN FORM

STUDENT_____
TEACHER_____ DATE_____

INTERFERING FACTORS

Functional*

_____
_____
_____
_____
_____
_____

Perceptual**

_____
_____
_____
_____
_____
_____

Memory***

_____
_____
_____
_____
_____
_____
_____

SKILL AREAS AFFECTED

_____spelling
_____handwriting
_____grammar
_____language vocabulary and concepts
_____language memory
_____reading:sight reading
_____reading:comprehension
_____reading:recall
_____math: number facts recall
_____math: processes
_____math: word problems
_____readiness: reading
_____readiness: writing
_____readiness: math
_____study skills:note taking
_____study skills: scanning for major facts
_____study skills: report writing
_____study skills: memory
_____specific subject matter help
_____behavior
_____attitude

KEY: X = short term Y = long term

OVERALL ASSESSMENT

153

154

PROJECTED WORK PLAN

* Visual,auditory or motor(muscles) not working. ** Interpretation of what you hear, what you see and what you feel. *** Recall of what you hear, what you see and what you do.

# APPENDIX P

# EGS BIMONTHLY PROGRESS REPORT

EDUCATIONAL GUIDANCE SERVICES BIMONTHLY PROGESS REPORT

STUDENT_____ PERIOD COVERED_____
TEACHER_____ NUMBER OF SESSIONS_____
OVERALL ASSESSMENT:

| PROGRAMMED REMEDIAL ACTIVITIES | PROGRESS ACHIEVED | AT AN EF | COMMENTS |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

KEY
AT= attitude; AN=attention;
Ef= effort 1= excellent
2= satisfactory; 3= fair; 4= poor

STUDENT WORK PLAN FOR THE MONTHS OF_____

| PROPOSED REMEDIAL ACTIVITIES | PROGRESS TO BE ACHIEVED |
|---|---|
| | |

SUGGESTED PARENTAL SUPPORT ACTIVITIES:

SUGGESTED CLASSROOM TEACHER SUPPORT ACTIVITIES:

APPENDIX Q

PROGRESS REPORT PARENT COVER LETTER

Educational Guidance Services Inc.
P.O. Box 557251
7200 SW 39th Terrace
Miami, Florida 33255

DIRECTORS

Diagnostic
I. H. Wills, M.S.Ed.

Curriculum
Norma Banas, Ed.D.

Administration
Lenore Van Wagner, B.A.

Diagnostic Assistant
Beverly Helen, M.Ed.

CONSULTANTS

Child Development
Betty Rowen, Ed.D.

Neurology
Robert F. Cullen, Jr. M.D.
W.M. Scott Russell, Jr. M.D.

Optometry
Jack Liberman, O.D.
Michael Margeretten, O.D.
Harvey Mazer, O.D.
Albert A. Sutton, O.D.

Psychology
Eve McNamara, Ph.D.
Richard Maisel, Ph.D.
Richard Toister, Ph.D.

Speech & Language
Jack F. Benson, Ph.D.

Dear Parents,

I am sure that you are aware that remediation of learning disabilities must be a team approach, not only involving the educational specialist and your child but requiring parental and classroom support. A key tool for your child's success is an understanding by all parties involved of the child's progress and future remedial goals.

The enclosed "Progress Worksheet " is the basis for an improved communication network. Please read it and feel free to call me at home , 221-1148 in the evenings, so that we can discuss your supportive role and answer any questions you have regarding your child.

Sincerely yours,

Frances Sachs

Frances Sachs, Educational Specialist

APPENDIX R

PROGRESS REPORT TEACHER COVER LETTER

Educational Guidance Services INC
P.O. Box 557251
Miami, Fl. 33255

DIRECTORS

Diagnostic
I H Wells M S Ed

Curriculum
Norma Barnes Ed D

Administration
Lenore Van Wagner, B.A.

Dear

As you are aware your student_____ is being provided supplementary professional remedial guidance to overcome diagnosed learning disabilities. We at Educational Guidance Services strongly believe that success for this student can only be achieved through a partnership effort involving you, the child's parents and our program.

The key factor in making this partnership work is open communications leading to mutual support of the student. Enclosed is a Student Progress Form for this student. Please take a few minutes and read it. As you can see our program stresses building student self-confidence through remedial instruction. Our program is flexible and can be changed to more closely relate to the real life needs of the student that only you can communicate to us.

Please feel free to call me at home 221-1148 if you have any questions on this program or suggestions for its enhancement. I am also available to discuss the student's progress or problems as they unfold during the year.

Thank you for your cooperation,

Frances Sachs

APPENDIX S

EGS STUDENT PROGRESS PARENT CONFERENCE FORM

EDUCATIONAL GUIDANCE SERVICES STUDENT PROGRESS PARENT CONFERENCE FORM

STUDENT_____ DATE_____ IN PERSON_____ PHONE_____
PARENT_____

AREAS OF CHILD'S BEHAVIOR AND PROGRESS AGREE UPON CORRECTIVE ACTIONS

EGS BIMONTHLY PROGRESS REPORT

HOME:

HEALTH:

SCHOOL:

INTERPERSONAL RELATIONS:

Is there anything else that you are aware of that is influencing your child's behavior and progress?

Overall assessment of child's attitude and behavior:

FOLLOW-UP EGS action recorded on log form._____
Action taken with school:

# APPENDIX T

## EGS TEACHER PHONE INTERVIEW FORM

EDUCATIONAL GUIDANCE SERVICES TEACHER PHONE INTERVIEW FORM

STUDENT_____ DATE_____
TEACHER_____ GRADE_____ SUBJECT_____

PROBLEM AREAS AGREED UPON CORRECTIVE ACTIVITIES

EGS BIMONTHLY PROGRESS REPORT:

ACADEMIC SUBJECTS:

BEHAVIOR:

INTERPERSONAL RELATIONS:

Is there anything else that you are aware of that is influencing your student's behavior and progress?

Overall assessment of student's attitude and behavior.





EGS suggestions to the teacher:

Follow-up EGS action recorded on log form_____
Action taken with parents:

# APPENDIX U

## EGS SEMI-ANNNUAL/ANNUAL PROGRESS REPORT FORM

EDUCATIONAL GUIDANCE SERVICES PROGRESS REPORT

STUDENT_____

PERIOD COVERED_____
NUMBER OF SESSIONS_____
TEACHER_____

APPENDIX V

NOTICE OF PARENT ORIENTATION

Educational Guidance Services INC
P. O. Box 557251
Miami, Fl. 33255

DIRECTORS

Diagnostic
I H Wills M S Ed

Curriculum
Norma Bando Ed D

Administration
Lenore Van Wagner, B.A.

| | |
|---|---|
| WHO? | YOU are invited to a attend a free workshop. |
| WHERE? | EDUCATIONAL GUIDANCE SERVICES<br>7200 S.W. 39 Terrace<br>Miami, Florida |
| WHEN? | MONDAY, OCTOBER 22, 1984 |
| WHAT? | PARENT ORIENTATION: An opportunity to understand the EGS communication network, the role of parents, teachers and Clinic in the remedial process. |
| WHY? | To assist you in becoming a more effective member of your child's educational team. |
| HOW? | R.S.V.P. Call Marcia at 264-6700 no later than October 1. |

APPENDIX W

PARENT ORIENTATION AGENDA

Educational Guidance Services INC
P.O. Box 557251
Miami, Fl. 33255

DIRECTORS

Diagnostic
I H Wills M.S Ed

Curriculum
Norma Bowe Ed D

Administration
Lenore Van Wagner ,B.A.

PARENT ORIENTATION

OCTOBER 22,1984

PURPOSE: To orient parents to Educational Guidance Services remedial program and assist them in becoming more effective members of their child's educational team.

WHAT YOU WILL LEARN FROM THIS SESSION:

1. Understand EGS' philosophy of LD remediation.
2. How the Clinic interacts with your child to correct learning problems.
3. Your responsibilities as a partner on the educational team.
4. How you can get help from the Clinic in solving behavior problems exhibited by your child.
5. EGS' role as liasion to the shools, the communication network.

AGENDA

I. Welcome and introduction.

II. Philosophy of the Clinic: "The Total Child" Approach.
   A. The role of the Clinic in your child's education.
   B. The Clinic behavior management system.

III. The educational team and the communication network.
   A. Role of the parent in the remedial process.
   B. Role of the classroom teacher in the remedial process.

IV. Questions and answers.

V. Session assessment

HANDOUTS: EGS Student Assessment and Work Plan Form
EGS Bimonthly Progress Form
EGS Bimonthly Parent Conference Form
EGS Bimonthly Teacher Phone Interview Form

# APPENDIX X

## BRANDEIS ACADEMY WORKSHOP AGENDA

Educational Guidance Services Inc.
P.O. Box 557251
7200 S.W. 39th Terrace
Miami, Florida 33255

DIRECTORS

Diagnostic
I. H. Wills, M.S.Ed.

Curriculum
Norma Banas, Ed.D.

Administration
Lenore Van Wagner, B.A.

Diagnostic Assistant
Beverly Yelen, M.Ed.

CONSULTANTS

Child Development
Betty Rowen, Ed.D.

Neurology
Robert F. Cullen,Jr. M.D.
W.M. Scott Russell,Jr. M.D.

Optometry
Jack Liberman, O.D.
Michael Margaretten, O.D.
Harvey Mazer, O.D.
Albert A. Sutton, O.D.

Psychology
Eve McNanamy, Ph.D.
Richard Maisel, Ph.D.
Richard Toister, Ph.D.

Speech & Language
Jack F. Bensen, Ph.D.

BRANDEIS ACADEMY WORKSHOP

"POSITIVE REINFORCERS AS BEHAVIOR SHAPERS"

Fran Sachs, Presenter November 12,1984

PURPOSE: To understand the role of positive reinforcers and be able to utilize them in a classroom setting to improve student behavior.

WHAT YOU WILL LEARN FROM THIS SESSION:

1. How to identify behaviors to promote or change.
2. How to pinpoint behaviors.
3. Understand the role of positive reinforcement in classroom student management.
4. How you can select the proper positive reinforcers in encouraging cooperative student behavior in the classroom.

AGENDA

I. Introduction

II. Discussion of purposes and objectives.

III. How to identify and pinpoint behaviors.

IV. The role of positive reinforcers in the classroom.

V. How to use positive reinforcers: practice utilizing case studies.

VI. Questions and answers.

VII. Session assessment

HANDOUTS: Case studies sheets;Basic Principles of Human Behavior; Pin-pointing Behaviors.

APPENDIX Y

GATEWAY BAPTIST ELEMENTARY SCHOOL FIRST WORKSHOP AGENDA

*Educational Guidance Services Inc.*
P.O. Box 557251
7200 S.W. 39th Terrace
Miami, Florida 33255

DIRECTORS

Diagnostic
I. H. Wills, M.S.Ed.

Curriculum
Norma Benas, Ed.D.

Administration
Lenore Van Wagner, B.A.

Diagnostic Assistant
Beverly Yelen, M.Ed.

CONSULTANTS

Child Development
Betty Rowen, Ed.D.

Neurology
Robert F. Cullen, Jr. M.D.
W.M. Scott Russell, Jr. M.D.

Optometry
Jack Liberman, O.D.
Michael Margaretten, O.D.
Harvey Mazer, O.D.
Albert A. Sutton, O.D.

Psychology
Eve McManamy, Ph.D.
Richard Maisel, Ph.D.
Richard Toister, Ph.D.

Speech & Language
Jack F. Bensen, Ph.D.

PROPOSED CURRICULUM GATEWAY BAPTIST ELEMENTARY SCHOOL
WORKSHOP
"IDENTIFYING THE STUDENT WITH SPECIAL NEEDS"

PURPOSE: To understand the theory that all students do not learn in the same manner. To become skillful in identifying students with specific learning problems.

WHAT YOU WILL LEARN FROM THIS SESSION:

1. The different modes of learning :auditory, visual, motor, manipulative, associative.
2. Understand the complex interaction of these learning modes in the classroom.
3. Understanding that each student has varying degrees of capability as related to each learning mode.
4. Identify some typical student behaviors caused by learning problems.

AGENDA

I. Introduction

II. Purposes and objectives of workshop

III. Discussion of various learning modes.

IV. How these learning styles are manifested in the classroom.

V. How to identify the child with special needs.

VI. Questions and Answers

VII. Session Assessment

# APPENDIX Z

## GATEWAY BAPTIST ELEMENTARY SCHOOL SECOND WORKSHOP AGENDA

*Educational Guidance Services Inc.*
P O Box 557281
7200 S W 39th Terrace
Miami Florida 33255

DIRECTORS

Diagnostic
I. N. Willis, M.S.Ed.

Curriculum
Norma Bonas, Ed.D.

Administration
Lenore Van Wagner, B.A.

Diagnostic Assistant
Beverly Nelen, M.Ed.

CONSULTANTS

Child Development
Betty Rowen, Ed.D.

Neurology
Robert F. Cullen, Jr. M.D.
W.M. Scott Russell, Jr. M.D.

Optometry
Jack Liberman, O.D.
Michael Margaretten, O.D.
Harvey Marer, O.D.
Albert A. Sutton, O.D.

Psychology
Eve McNamara, Ph.D.
Richard Meisel, Ph.D.
Richard Teister, Ph.D.

Speech & Language
Jane F. Benson, Ph.D.

GATEWAY BAPTIST ELEMENTARY SCHOOL

"POSITIVE REINFORCERS AS BEHAVIOR SHAPERS"

Fran Sachs, Presenter JAN.23,1985

PURPOSE: To understand the role of positive reinforcers and be able to utilize them in a classroom setting to improve student behavior.

WHAT YOU WILL LEARN FROM THIS SESSION:

1. How to identify behaviors to promote or change.
2. How to pinpoint behaviors.
3. Understand the role of positive reinforcement in classroom student management.
4. How you can select the proper positive reinforcers in encouraging cooperative student behavior in the classroom.

AGENDA

I. Introduction

II. Discussion of purposes and objectives.

III. How to identify and pinpoint behaviors.

IV. The role of positive reinforcers in the classroom.

V. How to use positive reinforcers: practice utilizing case studies.

VI. Questions and answers.

VII. Session assessment

HANDOUTS: Case studies sheets;Basic Principles of Human Behavior; Pin-pointing Behaviors.

# APPENDIX AA

## NOTICE OF EGS PARENT WORKSHOP

*Educational Guidance Services Inc.*
P.O. Box 557251
7200 S.W. 39TH TERRACE
MIAMI, FLORIDA 33255

DIRECTORS

Diagnostic
I. H. Wills, M.S.Ed.

Curriculum
Norma Banas, Ed.D.

Administration
Lenore Van Wagner, B.A.

Diagnostic Assistant
Beverly Yelen, M.Ed.

CONSULTANTS

Child Development
Betty Rowen, Ed.D.

Neurology
Robert F. Cullen,Jr. M.D.
W.M. Scott Russell,Jr. M.D.

Optometry
Jack Liberman, O.D.
Michael Margaretten, O.D.
Harvey Mazer, O.D.
Albert A. Sutton, O.D.

Psychology
Eve McNamamy, Ph.D.
Richard Maisel, Ph.D.
Richard Toister, Ph.D.

Speech & Language
Jack F. Benson, Ph.D.

Dear Parents:

You are invited to attend a free workshop which will help you support the remediation of your child's learning disability. It is intended to guide you to achieve a more relaxed but structured home environment for your child. This workshop is a part of our expanded program of services for parents of our students. By attending this workshop you will be able to understand, apply and use positive reinforcement for homework completion, as a behavior shaper and for conflict reduction.

Where: Educational Guidance Services
7200 S.W. 39 Terrace
Miami, Fl
When: Thursday, February 21 7 P.M.

Please make your reservation as early as possible by calling Marcia at 264-6700 before February 14, in order to insure space availability.

Sincerely yours,

Norma Banas, Ed.D.

APPENDIX BB

EGS PARENT WORKSHOP AGENDA

*Educational Guidance Services Inc.*
P.O. Box 557251
7200 S.W. 39TH TERRACE
MIAMI FLORIDA 33255

DIRECTORS

Diagnostic
I. N. Wills, M.S.Ed.

Curriculum
Norma Banas, Ed.D.

Administration
Lenore Van Wagner, B.A.

Diagnostic Assistant
Beverly Yelen, M.Ed.

CONSULTANTS

Child Development
Betty Rowen, Ed.D.

Neurology
Robert F. Cullen,Jr. M.D.
W.M. Scott Russell,Jr. M.D.

Optometry
Jack Liberman, O.D.
Michael Margaretten, O.D.
Harvey Mazer, O.D.
Albert A. Sutton, O.D.

Psychology
Eve McNamamy, Ph.D.
Richard Maisel, Ph.D.
Richard Tolster, Ph.D.

Speech & Language
Jack F. Bensen, Ph.D.

FEBRUARY 21,1985

EDUCATIONAL GUIDANCE SERVICES PARENT WORKSHOP

"THE USE OF POSITIVE REINFORCERS AND STRUCTURE IN HOME BEHAVIOR MANAGEMENT"

PURPOSE: To understand how to use positive reinforcement and structure in shaping your child's behavior.

WHAT YOU WILL LEARN FROM THIS SESSION:

1. How to identify behaviors to promote or change.
2. How to select and use positive reinforcement in home behavior management.
3. How to set up a structured home environment.
4. The use of charting as a structuring device.

AGENDA

I. Introduction

II. Discussion of purposes and objectives

III. A parent's viewpoint of behavior management: Mrs. Simon

IV. What are positive reinforcers and how to use them in home behavior management: Mrs. Sachs

V. What is 'structure' and how to use it as a behavior management tool. Mrs. Wills

VI. Questions and Answers

VII. Session Assessment

HANDOUTS: Pin-pointing Behaviors; Some Thoughts on Human Behavior; Behavior Contracts; Weekly Time Chart.

APPENDIX CC

NOTICE OF "FRIDAY CLINICS"

EDUCATIONAL GUIDANCE SERVICES INC.
P.O. BOX 357251 Miami, Fl. 33235

ANNOUNCING FRIDAY CLINICS AT EGS

90 minute sessions 9:30 - 11 AM
March 15, 1985

limited enrollment by advance reservation only

Last week EGS hosted a parent session which was well attended, saw active participation and ended with requests for more sessions. As a result of the indicated interest, EGS will offer a once a month opportunity to increase awareness and ability to work with your children in a variety of ways.

BEHAVIORS & HOW TO MODIFY THEM
a problem-solution interactive discussion
facilitator, Isabel Wills, M.S.Ed.
$10./person $15./couple (limit 12)

WORKING EFFECTIVELY WITH YOUR PRESCHOOLER
developing language and motor skills
therapist, Fran Sachs, D.C.T.
$15./parent WITH CHILD (limit 6)

HELP IN UNDERSTANDING YOUR COMPUTER
word processing made easy (Apple IIe/IIc)
instructor, Norma Banas, Ed.D.
$15./person (limit 4)

[private lessons in computer use can be made for any weekday and time at $25./hr.]

If you have a high school junior or senior, don't forget that EGS offers a specially designed career guidance battery that matches personality, ability, learning style and interests. It will help in choosing after school direction and college courses.

To sign up for any of this series call Marcia: 264-6700

APPENDIX DD

EGS PARENT/TEACHER WORKSHOP AGENDA

Educational Guidance Services INC
P. O. Box 557251
Miami, Fl. 33255

DIRECTORS

Diagnostic
I. H. Wills, M.S.Ed.

Curriculum
Norma Banks, Ed.D.

Administration
Lenore Van Wagner, B.A.

PARENT/TEACHER WORKSHOP: MOTOR ACTIVITIES AND LANGUAGE

Fran Sachs, Presenter March 15,1985

PURPOSE: To demonstrate how to effectively build language concepts through motor activities with your pre-school child.

WHAT YOU WILL LEARN FROM THIS SESSION:

1. How gross motor activities build laterality, spatial awareness and eye-motor coordination.
2. How to develop language concepts via a motor program.

AGENDA

I. Introduction: purpose and objectives

II. Gross motor games and activities that develop laterality, spatial awareness and eye- motor coordination.

III. Use of motor activities to develop various language concepts such as: body parts, size, color, number, spatial relationships,etc.

IV. Questions and answers.

V. Session Assessment.

APPENDIX EE

NOTICE OF EGS MAY PARENT WORKSHOP

Educational Guidance Services INC
P. O. Box 557251
Miami, Fl. 33255

DIRECTORS

Diagnostic
I H Wills M.S.Ed

Curriculum
Norma Bonne Ed D

Administration
Lenore Van Wagner, R.A.

WHO? YOU are invited to attend a free workshop.

WHERE? Educational Guidance Services
7200 S.W. 39 Terrace
Miami, Florida

WHEN? Thursday, May 9,1985 at 7 P.M.

WHAT? "PLANNING FOR AN ENRICHING SUMMER"
Suggestions on how to make this summer a pleasurable as well as educational experience. Examine the resources of Greater Miami and how they could benefit your child.

WHY? Summertime should be structured, yet flexible so that your child will grow as he experiences worthwile activities.

HOW? R.S.V.P. Call Marcia at 264-6700
by May 2nd.